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2016 MAY 16 P 1: 42
SECRETARY OF STATE
TAIL AHASSEE: FLORIDA

HAN' 17 2013

COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	Romeg LLC				
Name of Limited Liability Company					
The enclosed	Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Audrey Norton			
			Name of Person		
		Romeg LLC			
			Firm/Company		
		1591 Hayley Ln			
			Address		
		Fort Myers, FL 33907			
			City/State and Zip Code		
		Q Non too 19 E-mail address:	(to be used for future annual report notification	on)	
For further in	nformation con	cerning this matter, please c	eall:		
Audrey Nor	ton		239 825 5186		
	Name of P	erson	at () Area Code Daytime Tele	phone Number	-2016
				AAR	
Enclosed is a	check for the	following amount:	•	ASSI	
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & 😇

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Romeg LLC	
(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L14000</u> 70	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, emer-the flame of the new e address here:
Name of New Registered Agent:	SSN -
New Registered Office Address:	Enter Florida street address
· -	Florida Zip Code
	p

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Megane Volzenlogel	9 rue de Geispitzen	
		68680 Kembs	☐ Remove
			Change
MGR	Romain Volzenlogel	1 rue de la Largue	
		68580 Seppois le Bas	☐ Remove
		-	Change
			□ Add
			□ Remove
			☐ Change
			Add ≥ S
			ALLAND Remove
			ASSES D Change
			Add FD Add
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			☐ Change
			Add
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			Change

				
				
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ffective date, if other than the date an effective date is listed, the date must be sote: If the date inserted in this block of	specific and cannot be prior	to date of filing or more than 9	(optional) 0 days after filing.) I	Pursuant to 605.020
	COLLEGE 1			
e record specifies a delayed eff The 90th day after the record	fective date, but not is filed.	an effective time, at		
ated May 11,	, 2016	·		
		rized representative of a men	1031 1151	-
			iber 78	

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Filing Fee: \$25.00