## 114000080279

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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: Rome	wain Mainte	nance. Saruice  ited Liability Company	. & Repo	air, L	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Romew	ain Joseph Name of Person	<u> </u>		
		Firm/Company			
	1 8800 NW	5th Aue			
		- 33169 City/State and Zip Code		211	• !
_	JOSEPHR 1946 E-mail address: (	City/State and Zip Code  Organization Com  to be used for future annual report notif	ication)	SEP 2	Talkan Talkan
For further information of	concerning this matter, please c		•	AL G	
Rome wain	Joseph of Person	at (954) 934 Area Code Daytime	German Number	2:27	
- Enclosed is a check for t	he following amount:	·			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

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

Romewoiin Mainter	nance	Service	& Repoir	110
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now app I Liability Compan	ears on our records.) y)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14D00080279</u> .	y were filed on	May 19,2	2014 and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liable Romewain Drywall at the new name must be distinguishable and end with the words "Limited Liable and end with the words "Liable and end with the words" "Liable and end with the words "Li			or the abbreviation "L.L.C	<u>.</u> ,,,
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)		IA	11 M	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		$\nu/\Delta$	29 PH 2: 27	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		on our records, g	enter the name of	the new
Name of New Registered Agent:	N	<b>A</b>		
New Registered Office Address:	Enter	Florida street address		<del></del>
		, Flori		
Naw Desistered Agent's Signature if changing Degistered Agent	City		Zip Code	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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effective date m	other than the date of fi ist be specific, cannot be prior to ent is filed by the Florida Depart	o date of receipt or filed	date and cannot be more than 90	optional) days after
ted <u>9/2</u>	HI IS THEO BY THE THOMAS DEPART			
	R Loseph			
	Romenai.	of a member or authoriz	ed representative of a member	

Page 3 of 3

Filing Fee: \$25.00

