# L17000053824

(Requestor's Name)
(Nequestor's Name)
(2.11
(Address)
(Address)
(City/State/Zip/Phone #)
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# **COVER LETTER**

TO: 1	Regi: Divis	stration Sec ion of Corp	tion orations			
SUBJEC	т.	LIVE STRE	AM BY REQUEST LLC			
SULVEC	· • • •		Name of Lim	ited Liability Company		<del></del>
The enclo	sed .	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	um a	ll correspon	dence concerning this matter	to the following:		
			Luis Romero			
				Name of Person	_	
			FinRome			
				Firm/Company		· <del></del>
			601 Golf and Sea Blvd			
				Address	<del></del>	<u> </u>
			Apollo Beach, FL 33572			
				City/State and Zip Code		
			lu.fx.invest@gmail.com			
			E-mail address: (t	o be used for future annual re	eport notification	on)
For further	r info	rmation con	cerning this matter, please ca	J1:		
Luis Rom	ero			786 205- at ()	-1321	
		Name of P	erson	Arca Code	Daytime Tele	phone Number
Enclosed is	s a cl	neck for the	following amount:			
\$25.00	Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

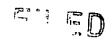
MAILING ADDRESS:

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



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### LIVE STREAM BY REQUEST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lial Florida document number L17000053824	bility Company	were filed on $\frac{03/08/20}{}$	and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	ility company here:			
FinRome LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the designat	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicat	ole:	601 Golf and Sea Blve	d		
(Principal office address MUST BE A STREET		Apollo Beach, FL 33572			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<del></del>	601 Golf and Sea Blvd Apollo Beach, FL 33572			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the name of the new		
Name of New Registered Agent:	Luis Romero				
New Registered Office Address:	601 Golf and Se	ea Blvd  Enter Florida stre	eet address		
	Apollo Beach		, Florida		
		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 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	Luis Romero	601 Golf and Sea Blvd Apollo Beach, FL 33572	Add
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lfan el <u>Note:</u>	ffective date i  If the date	f other than s listed, the date inserted in thi tive date on th	must be specifi is block does r	e and cannot be not meet the a	applicable star	f filing or more th tutory filing req	(optiona an 90 days after filin uirements, this dat	l) g.) Pursuant to 605.0207 e will not be listed as
ne re The	cord spece e 90th da	cifies a dela y after the	yed effectiv record is fil	ve date, bu ed.	ut not an ei	fective time	, at 12:01 a.m	. on the earlier of
Dated	I	August 28		· 2019	Hw.	J		
				1/1/2	7	)		

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Typed or printed name of signee

Filing Fee: \$25.00