## 117000203221

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700306766737

12/21/17--01015--006 \*\*25.00

17 0EC 21 PH 3: 58

O SIMMONS
DEC 2 1 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor			
ello II		AW & TAX, PLLC		
SUBJ	ECI:	Name of Limi	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		ALAIN E. ROMAN		
		···	Name of Person	<del></del>
		ROMAN LAW & TAX, PI	LLC	
		<del></del>	Firm/Company	
		7355 W 3RD CT #302		
			Address	
		HIALEAH, FL 33014		
			City/State and Zip Code	
		alain@romantaxlaw.com		
		E-mail address: (t	o be used for future annual report notific	ration)
For fu	rther information co	oncerning this matter, please ca	III:	
ALAI	N E. ROMAN		305 3840983	
	Name o	l'Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

R	$OM_{\bullet}$	ΔN	LAW	2	ľAX	ÞΙ	LC

(A Florid	a Limited Li	<u>y as it now appears on our</u> ability Company)	records.)		
The Articles of Organization for this Limited Liability C Florida document number L17000203221	vere filed on 10/02/17	and assigned,			
This amendment is submitted to amend the following:	PH				
A. If amending name, enter the new name of the lim	i <u>ted liabil</u>	ity company here:	· · · · · · · · · · · · · · · · · · ·		
PEREZ ROMAN LAW, PLLC					
The new name must be distinguishable and contain the words "Lim	nited Liabilit	y Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		8300 NW 53RD STREET, SUITE 350			
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	DORAL, FL 33166			
		8300 NW 53RD STREE	T SHITE 350		
Enter new mailing address, if applicable:		DORAL, FL 33166			
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add			ecords, enter the name of the ne		
Name of New Registered Agent: ALAI	IN E. ROM	AN			
New Registered Office Address: 8300	NW 53RD	STREET, SUITE 350			
		Enter Florida street	address		
DORA	AL		_, Florida <u>33166</u>		
	<del></del>	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>	<u>Address</u>	Type of Action
MGR	ALAIN E. ROMAN	8300 NW 53RD ST	
		SUITE 350	☐ Remove
		DORAL, FL 33166	■ Change
MGR	RAUL A. PEREZ	8300 NW 53RD ST	<b>B</b> Add
		SUITE 350	□ Remove
		DORAL, FL 33166	
			Remove
			☐ Change
			P Remove
			Change O Add
<del></del>			□ Remove
			Change
			Remove

		<del></del>	
		···	
		<u>.</u>	
	·		
<del></del>		· · · · · · · · · · · · · · · · · · ·	
	<u></u>		
			24 3
			三 日
			2
			بِيَ الْجَاءِ الْعَاءِ الْعَاء
			<b>会会 の</b>
Tective date, if other than the d an effective date is listed, the date must b	ate of filing:	<u>.</u>	(optional)
ote: If the date inserted in this bloc	k does not meet the applicab	date of filing or more than 90 da le statutory filing requirement	ys after filing.) Pursuant to 605.020 nts, this date will not be listed as
ocument's effective date on the Dep	artment of State's records.		
record specifies a delayed The 90th day after the reco		an effective time, at 12	2:01 a.m. on the earlier o
DECEMBER 15	. 2017		
	/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00