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SIMON & DEITZ, LLC, CPA'S
42 EAST MAIN STREET, SUITE 204
FREEHOLD, NJ 07728-2209
PHONE: (732) 780-3665 FAX: (732) 780-4402
deitzfreeholdcpa@gmail.com **www.kendeitzcpa.com**

February 22, 2019

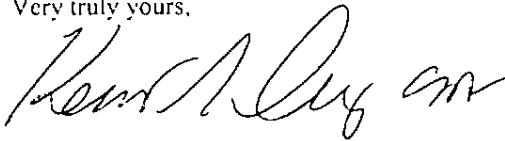
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed you will find the Articles of Amendment to change the name of Jersey Strong Louisiana LLC to Roma Family Office LLC. A check in the amount of \$25 is also enclosed to cover the fee for this request.

Thank you for your prompt attention to this matter,

Very truly yours,



Kenneth R. Deitz, CPA

Enclosures

2019 FEB 28 AM 10:51
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JENSEY STRONG LOUISIANA LLC

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

2018 FEB 28 AM 10:58
FILED
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 11, 2018 and assigned Florida document number L18000118265.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ROMA FAMILY OFFICE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Kenneth A. Long, C.A.R.
Signature of a member or authorized representative of a member

Kenneth R. Oeltz CPA
Typed or printed name of signer