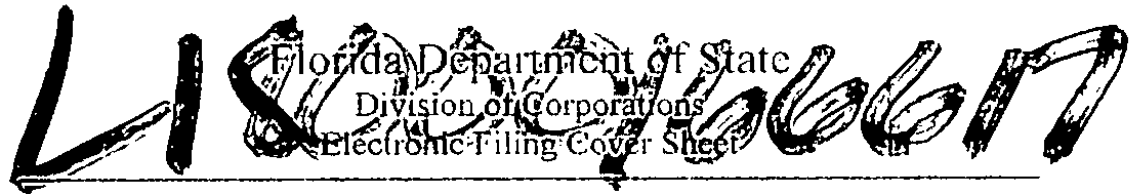


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (350) 617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROMIJECA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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MAR 05 2019

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

ROMIJECA 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 Liability Company were filed on JULY 10TH, 2018 and assigned
 Florida document number L18000166617.

This amendment is submitted to amend the following:

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

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:

488 NE 18TH ST #4812

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33132

Enter new mailing address, if applicable:

488 NE 18TH ST #4812

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33132

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

City, Florida

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

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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>
MGR	DIAS DELGADO, RUBEN D	4111 S OCEAN DR #2701	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMAR INTERNATIONAL LLC	14334 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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