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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sect Division of Corpo		•			
•	ROMA UNI	TED LLC				
SUBJE	C1:	Name of Limi	ted Liability Company			
The enc	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please r	return all correspon	dence concerning this matter t	to the following:			
		MARIANA M CABRERA				
			Name of Person			
		ROMA UNITED LLC				
			Firm/Company			
		7314 COLLINS AVE				
			Address			
		MIAMI BEACH FL 33141	ı			
			City/State and Zip Code		20:	
		mansillacabrera@hotmail.co		に に ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	2018 SEP	-
		E-mail address: ()	to be used for future annual report notificat	(ion) - 교육 건설:		-
For fur	ther information co	ncerning this matter, please ca	all:	0) 1: () 1:	0	
MARI	ANA CABRERA		786 955-4266 at ()		μ̈́	£ 1
	Name of	Person	Area Code Daytime To	elephone Number 357	2: en en	٦.
Enclose	ed is a check for the	2 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMA UNITED LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	•	and assigned
Florida document number <u>L18000170749</u>	<u>3</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter</u> <u>Idress here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	95 72
	City	Zin Gode Ca

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			🗆 Remove
			Change
			Add
	•		□ Remove
			Charge P
			Add C
			P. Rembre
			Change
			Remove
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			Remove
			Channel Channel

	MARIANA M MANSILLA CABRERA.
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m eff ote:	ive date, if other than the date of filing: 09 06 2018 (optional) Sective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ited	September 6 2018 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00