

L19000074554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

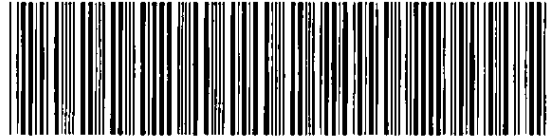
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TALLAHASSEE, FL
SECRET

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROMANY PARK NORTH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CASEY SHIPMAN

Name of Person

OTHER STREET MGMT LLC

Firm/Company

PO BOX 149231

Address

ORLANDO FL 32814

City/State and Zip Code

CASEY@OTHERSTREET.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASEY SHIPMAN

407

264-1866

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ROMANY PARK NORTH 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 03/18/2019 and assigned
Florida document number L19000074554.

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 "LLC."

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: OTHER STREET MGMT LLC

New Registered Office Address: 976 Lake Baldwin Lane, Suite 202
Enter Florida street address

Orlando, Florida 32814
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.

Casey Shipman, NGR, Other Street Mgmt LLC
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>
MGR	JOHN L WATSON	101 TENNESSEE AVENUE	<input type="checkbox"/> Add
		ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONNA WATSON	101 TENNESSEE AVENUE	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CASEY SHIPMAN	PO BOX 149231	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ENON WINKLER	PO BOX 149231	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

John L. Watson passed away on May 12, 2024. Donna Watson shared ownership of Romany Park North LLC prior to John's passing and now is the sole MGR of the LLC and needs to add on Authorized Members.

Other Street MGMT LLC, is the management company that handles all operations of the LLC on Donna's behalf.

Please see enclosed supporting documents.

Contact Donna Watson 727-804-2737 or Casey Shipman with questions 407-264-1866/casey@otherstreet.com.

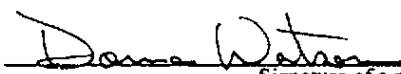
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 3, 2024



Signature of a member or authorized representative of a member

Donna Watson

Typed or printed name of signer

Filing Fee: \$25.00