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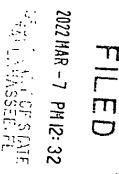
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. BRUMBLEY
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## COVER-LETTER

TO: Registration Se Division of Cor			
SUBJECT: AM. L	ENT LoLE.		
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subsondence concerning this matter to the subsondence of the sub	_	RECEIVED  2022 MAR -7 PM 12: 11  SECRETARY OF STATE TALLAHASSEE, FL
	3175 S. cons Palm Strings	NES AVE STE // Address FL 33461 City/State and Zip Code	
		o be used for future annual report notif	ication)
Dany/ Romo	roncerning this matter, please careful of Person	at ( <u>551_) 257-3</u>	Telephone Number
Enclosed is a check for the	he following amount:		
S \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

H.M.L. ENT L.L.C		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/9000076 494</u> .	ere filed on <u>03/14/20/</u> 9	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Romeis investment LLC		
he 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:	in the state of th	022
Principal office address MUST BE A STREET ADDRESS)		
_	<u> </u>	1 =
	Ž4	≅ in
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		32
_		+, 
B. If amending the registered agent and/or registered office adorgent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	CHY	zw coae

## 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 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>	Name	Address	Type of Action
Title AMBn	Dany/ Rumeis		<b>⊠</b> Add
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		<del></del>	Change
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ffective date, if other than the date of filing:  (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 6 tots:  (b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 occument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day a	605.0207 isted as
is filed.	fter the
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Signature of a member or authorized representative of a member    Day   Nomeis   Typed or printed name of signee	
Signature of a member or authorized representative of a member	
Day 1 Page 21 -	