119000228059

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Busin	ness Entity Nar	me)
(Доси	iment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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26 PH 3: 02

COVER LETTER

TO:	Registration Sec Division of Corp			
C115.17		ADING LLC .		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		SHIRLEY ALMAZAN		
		TOYOS TAX SERVICE	Name of Person	
		7264 SW 8 STREET	Firm/Company	
		MIAMI, FL 33144	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
SHIRI	EY ALMAZAN		786 536-4647at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e 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
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013: 1, 26 FH 3: 02

	ROMA TRADING LLC.	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L19000228059	pility Company were filed on _09/09/20	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	'
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	a 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>	Type of Action
MGR .	TERESA MAYELA TABORDA DE REMON	9976 NW 10 STREET MIAMI, FL 33172	⊒ Add
			□ Remove
			□ Change
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CC43	09/23/2019
an effi	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	SEPT 23 0 . /2019
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Typed or printed name of signee

Filing Fee: \$25.00