## L19000273485

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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12/27/24--01023--010 \*\*25.00

FEB 07 S. PRATHER



December 20, 2024

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

RE: Romano Canvas & UPH LLC

To Whom it May Concern:

Enclosed please find the following for the above referenced entity:

- Check #6221 payable to Florida Department of State in the amount of \$25.00 for LLC Amendment Filing Fee
- Cover Letter
- Signed Articles of Amendment to Articles of Organization of Romano Canvas & UPH LLC

Please contact our office if you have any questions.

Sincerely,

Madi Cona

Mima

Office Administrator

Enclosures

## **COVER LETTER**

TO:	Registration Sec Division of Cor			
SERT	ect:	Roma	M CANVAS & U	PH LLL
.,01,01		Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Chris ConA	
			ong Law PUL	L
			- Ailport RI # -	
		NA	ple, Ha 74105	
		E-mail address: (	ple, Hu 74105  City/State and Zip Code  Alress Cylents of the be used for future annual reports not	or file
For fur	ther information co	oncerning this matter, please ca	all:	
	Ch Name of	ris CONA	at (239) 274 Area Code Daytir	- 6822 me Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>75-5</b> 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 cony is enclosed)
L	/ Mailing Address	s:	Street Address:	
	Registration S		Registration So	ection
	Division of C	-	Division of Co	•
\ \ \	ed is a check for the 5.00 Filing Fee  Mailing Address Registration S	se following amount:  \$\sum \$30.00 \text{ Filing Fee & Certificate of Status}  \$\frac{\section}{\section}\$  orporations  7	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)  Street Address: Registration Sc Division of Co The Centre of	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional cony is enclosed) ection

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MAYER +	UD4 1/1/	1
ny as it now appear	rs on our records.)	
Liability Company)		
were filed on	11/1/19	and assigned
	/ /	(
ility company he	ere:	
lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
	\	
address on our r	ecords, enter the nar	me of the new register
,		
Enter Floi	rida street address	
<u></u> _	, Florida	
City		Zip Code
ee to act in this	capacity. I further a	gree to comply with t
performance of	my duties, and I am	familiar with and
provided for in (	hapter 605, F.S. Oi	, if this document is
	Enter Flor  City  Tee to act in this of performance of provided for in C	Enter Florida street address  City  City  Liability as it now appears on our records.  Liability Company)  Liability Company here:  Lity Company." the designation "LLC" or the standard street address  Enter Florida street address

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>	Address	Type of Action
MER	Ellen Romano	590 corbel Drive	Zega
		590 corbel Drive Naples, Ha 74110	Remove
			□Add
			□Remove
			□Change
		<del>- 1000</del> - 1	🗆 Add
			🗀 Remove
			□ Change
			□Add
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			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change

If an ef Note:	tive date, if other than the date of filing: Date of Filing (optional) fective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
e reco rd is f	ord 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 ided.
Dated	12/11/14.
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00