LAC COCC H97CC

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(Address)			
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COVER LETTER

TO:

TO: Registration Se Division of Corp			
SUBJECT: LA	RRY WALSH	+ DEVELOP	MENT LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	0. iv. iv	ILSON	
		Name of Person	
	LARRY W	ALSH DEVE	LOPMENT, LLC
	60 EAST	WILLOW MIS	ST ROAD
	NLET BE	City/State and Zip Code Walsha SSOC. To be used for future annual repo	3246/
	dwe larry	walshassoc	,ates. com
For forther information of			ort notification)
ror turtner information co	oncerning this matter, please ca	dii.	
N.W WIL	S ON Ferson	205,	337 3000
Name of	f Person	Area Code I	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addr	
Registration S Division of C		Registration of Division of the Control of the Cont	on Section of Corporations
P.O. Box 632	•		e of Tallahassee
Tallahassee, F	FL 32314	2415 N. M	Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARRY WALSH DEVELOPMENT, 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 $\frac{2/12/2020}{}$ and assigned Florida document number _ L200000 49700 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROME DEVELOPMENT COMPANY, LLC

The 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: (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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date if other than the date of filing:	(ontional)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ord is filed.	e earlier of: (b) The 90th day after the
Dated 7/27/2020.	
	

Typed or printed name of signee