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Registration Section

Tallahassee, FL 32314

TO:

Division of Corpor	rations			
subject: Rom	ero \$ Aquer Name of Lim	a Associates ited Liability Company	LLC	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Vero	nica Aquera Name of Person		
	Firm/Company			
		89th street, apt	201	
	Doral	City/State and Zip Code Gmail.com to be used for future annual report notifi	8	
-	verofit. PT @ E-mail address: (i	Gracil. Com to be used for future annual report notifi	ication)	
For further information conc				
Veronica Name of Per	Aguera Son	at (<u>786)</u> 223 (Area Code Daytime	5165 Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sect Division of Corp P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Romaro & Agu (Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
	mpany were filed on $3/19/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Verofit Project L. The new name must be distinguishable and contain the words "Limited Project L.)	ed liability company here: LC ed 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 ADDRE	<u>හා</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JAN 31 PH L
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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>	Name	Address	Type of Action
MGR	Romero, Angel	11503 NW 89th street apt 201 Doral, FL 33178	
		apt 201	Remove
		Doral, FL 33178	∑_ □Change
			🗆 Add
			□Remove
			□Change
		·	
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			Change
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			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member