

120000201997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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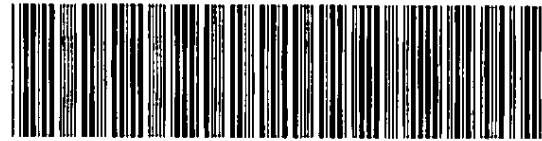
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

1/18/22

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2022 JAN 18 PM 1:31  
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JAN 17 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JAN 18 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

November 3, 2021

ROMINA POLLAS  
425 NE 191 ST  
APT 101  
MIAMI, FL 33179

SUBJECT: GODDESSROMI LLC  
Ref. Number: L20000201997

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

Please complete the enclosed form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 721A00026828

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Goddess Romi LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Romina Pollas  
Name of Person  
Goddess Romi LLC  
Firm/Company  
425 NE 191 ST APT. 101  
Address  
MIAMI, FL 33179  
City/State and Zip Code  
GoddessRomi@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Romina Pollas at (786) 539-6232  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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)

**Mailing Address:**

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

**Street Address:**

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

FILED

2022 JAN 18 PM 1:31

Goodless Pom LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 7/13/20 and assigned  
Florida document number L20000201997.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

Romina Pollas

New Registered Office Address:

425 NE 191 ST Apt-101

Enter Florida street address

MIAMI

City

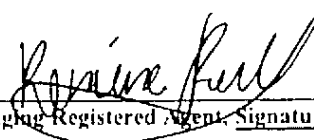
Florida

33179

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>	<u>Type of Action</u>
<u>          </u>	<u>                        </u>	<u>                                            </u>	<input type="checkbox"/> Add
		<u>                                            </u>	<input type="checkbox"/> Remove
		<u>                                            </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                        </u>	<u>                                            </u>	<input type="checkbox"/> Add
		<u>                                            </u>	<input type="checkbox"/> Remove
		<u>                                            </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                        </u>	<u>                                            </u>	<input type="checkbox"/> Add
		<u>                                            </u>	<input type="checkbox"/> Remove
		<u>                                            </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                        </u>	<u>                                            </u>	<input type="checkbox"/> Add
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		<u>                                            </u>	<input type="checkbox"/> Change

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**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.

Dated 1/1/22

Signature of a member or authorized representative of a member

Typed or printed name of signee