

# L20000314044

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 NOV 10 PM 12:03

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIA ROMA MANAGER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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2020 NOV 10 PM 3:07

V. SUIKEP  
NOV 12 2020

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VIA ROMA MANAGER 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 October 5, 2020 and assigned  
Florida document number L20000314044.

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:

New Registered Office Address:

*Enter Florida street 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>	<u>Type of Action</u>
MGR	Benjamin Inman	110 Huntington Court	<input type="checkbox"/> Add
		Roswell, GA 30075	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ian Djuric	103 Anna Carol Drive	<input type="checkbox"/> Add
		Stevensville, MD 21666	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Via Roma Holdings, LLC	103 Anna Carol Drive	<input checked="" type="checkbox"/> Add
		Stevensville, MD 21666	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Inman Equities, LLC	110 Huntington Court	<input checked="" type="checkbox"/> Add
		Roswell, GA 30075	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Dated November 10, 2020

DocuSigned by  
[Signature]  
Signature of a member or authorized representative of a member

Typed or printed name of signee