

h20000368949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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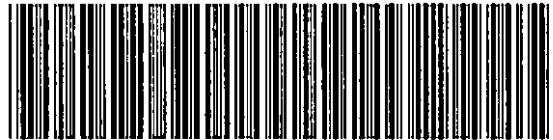
(Business Entity Name)

(Document Number)

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DEC 10 2021

2021 NOV 22 AM 7:15
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11/22/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Romedics Plus 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:

Ronecius L Moreau
Name of Person

Firm/Company

3511 NW Treasure Coast Dr Apt 108
Address

Jensen Beach, FL 34957
City, State and Zip Code

mronecius@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronecius L Moreau at (772) 203-3922
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**

Romedics Plus LLC

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

2021 NOV 22 AM 1:19

The Articles of Organization for this Limited Liability Company were filed on 11/23/2020 and assigned
Florida document number L20000368849.

This amendment is submitted to amend the following:

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

Romedics Plus Trucking 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**)

3511 NW Treasure Coast Dr Apt 108
Jensen Beach, FL 34957

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Po Box 25948
Tamarac, FL 33320

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:

Roneccius Moreau

New Registered Office Address:

Po Box 25948

Enter Florida street address

Tamarac

City

Florida

34957

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



MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

Dated November 16 2021.

Signature of a member or authorized representative of a member

Roncecius L Moreau

Typed or printed name of signee

Filing Fee: \$25.00