## L21000059631

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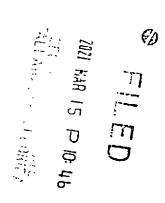


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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: R	Name of Lin	ERE LLC nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL	Roman Name of Person	
	ROAD TO A	SOWHERE LLC Firm/Company	
	2715 MAI	RSHAU CT Address	
	COCOA,	FLORIDA, 3292	6
	Poadtonowhere E-mail address: (	FLORIDA, 3292 City/State and Zip Code IC@gM2i1.com to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca		
MICHAEL Name o	ROMAN OF Person	at (321) 693- Area Code Daytime	6574 c Telephone Number
Enclosed is a check for ti	he 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

ROAD TO NOWHE	SPE LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2\000059631</u> .	were filed on FEBRUARY 03, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabit $N/A$	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	N/A
	NIA
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
	N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A ES B
	Enter Florida street address  NA  Florida  NA  Plorida
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zip Gode
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pole being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	MICHAEL ROMAN	2715 MARSHAUL CT	A/Add
		COCOA, FLORIDA, 32926	2_ □Remove
		N/A	□Change
NA	N/A	N/A	🗆 Add
		N/A	□Remove
		N/A	□Change
NA	N/A	N/A	□Add
		N/A	□Remove
1	t.	N/A	Change
NA	N/A	N/A	□ Add
		A. / A	□Remove
		N/A	S Ø □Change
NA	N/A	1/1/1 5	Add
		N/A D	O □Remove
		N/A	🗆 Change
NA	N/A	N/A	□ Add
·	·	N/A	□Remove
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Effective date, if oth	d, the date must be spec rted in this block doc	cific and cannot be possible and cannot be possible.	prior to date of filing of plicable statutory fords.	r more than 90 da lling requiremen	nts, this da	ng.) Pursua te will not	t be listed as
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