## K21000376679

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1671717

Office Use Only



200374008252

09:30,21--01019 -003 \*\*27,00

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
Rome Tear	n LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Melany Romero		
		Name of Person	
		Firm/Company	
	2045 Golden Gate Blvd E		
		Address	
	Naples, FL 34120		
		City/State and Zip Code	
	Melanyhernandez24@gma		
	E-mail address: (	to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
Melany Romero		239 6923735	
Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
1 \$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		Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee F			ne Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rome Team LLC	÷	
( <u>Nume of the Limited Liab</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000376679</u>	y Company were filed on and assi and assi	gned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
Melany Romero LLC		
The new name must be distinguishable and contain the words "L	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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new</u> <u>e</u> :	registere
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> **Address Type of Action** \_\_\_\_\_ □Remove \_\_\_\_\_ Change □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □ Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

						<del></del>
<del>.</del>			,			
		<del>-</del>	<del></del>		11 <u>2</u> 10	
		<u>.</u> <u>.</u>				
-					<u></u> 1	
	<u> </u>					<del></del>
	_	<u> </u>				
			. ,			
Effective date, if other is listed to the section of the section o	erted in this block do	oes not meet the ap	oplicable statutory	filing requireme	_ (optional) ays after filing.) Pursu nts, this date will no	ant to 605,0207 (of be listed as t
e record specifies a de rd is filed.	layed effective date	, but not an effecti	ve time, at 12:01 a	a.m. on the earlic	er of: (b) The 90th	day after the
September 27t	th	2021				
	0/	100	·			
	Signal	ture of a member or	authorized represent	tative of a member		

Filing Fee: \$25.00