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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROMERO ROMERO & GARCIA ENTERPRISE INC

Account Number : I20230000084 Phone : (305)914-2419 Fax Number : (305)914-2419

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

Email Address: Jania Mullera agtax com, co.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROAM THE GLOBE, LLC.

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Registration Section

TO:

COVER LETTER

Division of Co	orporations		
Roam The SUBJECT:	Globe , LLC		
JUBJECI:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and tee(s) are sub	unitted for filing.	
	nondence concerning this matter	_	
	Julia Perez		
	*************************************	Name of Person	
	Roam The Globe , LLC		
		Firm/Company	
	15280 SW 43rd Ct		
		Address	
	Miramar , Florida 33027		
	janiomulter@rgtax.com.co	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	• •	to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Julia Perez		786 488-4468 at()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Cortified Copy (additional copy is enclosed)
Mailing Addr	<u> 255:</u>	Street Address:	

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

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

Roam The Globe, LLC		÷
(Name of the Limited Liability Comp. (A Florida Limited	any as it now unpears on our records.) Liability Company)	***************************************
The Articles of Organization for this Limited Liability Company	were filed on 11/17/2021	and assigned
Florida document number L.21000494030		:
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
	·	374
Enter new mailing address, if applicable:		22
Malling address MAY BE A POST OFFICE BOX)		
THE PARTY OF THE P		<u></u>
		.c. .c.
B. If amending the registered agent and/or registered office	address on our records, enter the	
gent and/or the new registered office address here:		•
Name of New Registered Agent:		
New Registered Office Address:		<u>-</u>
	Enter Fluida street address	
	, Florid	A
	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 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>Tide</u>	Name	<u>Address</u>	Type of Action
Ambr	Wendy Sosa	8851 NW 119 Street 4312	
		Hialcuh Gurdens , Florida 33018	⊟Remòve
			Change
***************************************			□Add
			□Romôve
			☐ Change
			
			□Remòvo
			Change
			□Add
			□Rcmộvc
			Change
			□Add
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			□ Change
			□Add
		enganen kalendari daspreklebildine eine sume em sone produsion, sone sedistantum muses um su	

11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E PÊ	04/22/2024	
Note:	tive date, if other than the date of filing: (optional) (fective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	107 (3)(as the
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after thiled.	ıe
Dated	April 22, 2024	
/		
`	Signature of a member or authorized representative of a member	
	Julia Perez	

Typed or printed name of signee