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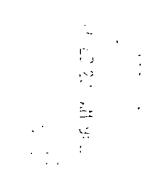
(Re	equestor's Name)	
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COVER LETTER

	Division of Cor		,	, ,
		INVESTMENTS LLC		•
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ELIA M. RODRIGUEZ		
			Name of Person	···
		ROMELY INVESTMENT	'S LLC	
			Firm/Company	
		7305 SW 148 COURT		
			Address	
		MIAMI, FLORIDA 33193		
			City/State and Zip Code	
		elyrom2@bellsouth.net	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please ca		
ELIA M	I. RODRIGUEZ		305 299-2216 at ()	
	Name o	of Person		ne Telephone Number
Enclosed	d is a check for th	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		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ROMELY INVESTMENTS LLC

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(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
(ittional billing	Side in the second seco	
The Articles of Organization for this Limited Liability Company	y were filed on January 14th, 2022	and assigned
Florida document numberL22000029921		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility 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)		
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 na	me of the new registere
agent and/or the new registered office address here:	, , , , , , , , , , , , , , , , , , , ,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	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
MGR	ROMAN RODRIGUEZ	7305 SW 148 CT., MIAMI, FL 33193	□ Add
			■Remove
AMBR	ROMAN RODRIGUEZ	7305 SW 148 CT., MIAMI, FL 33193	□Add
			■Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□ Change

,		
If an ef Note:	tive date, if other than the date of filing:)207 i as
e reco rd 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 tiled.	the
Dated	February 16 2022	
	clant towns	
	Signature of a member or authorized representative of a member	