

K22000054120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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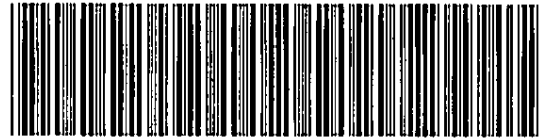
(Business Entity Name)

(Document Number)

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22 MAR 14 PM 1:24

T. MATTHEWS

MAR 23 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROAMR 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:

RYAN REID

Name of Person

ROAMR LLC

Firm/Company

6149 DELTONA BLVD

Address

SPRING HILL, FL. 34606

City/State and Zip Code

RYAN@ROAMR.IO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN REID

Name of Person

352 800-7887
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

22 FEB 14 11:24

ROAMR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02-01-2022 and assigned
Florida document number 1.22000054120.

This amendment is submitted to amend the following:

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

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)

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RYAN REID

New Registered Office Address:

6149 DELTONA BLVD

Enter Florida street address

SPRING HILL

City

Florida 34606

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROAMR REID HOLDINGS LLC	6149 DELTONA BLVD	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROAMR STJ HOLDINGS LLC	4951 N.W. 170TH STREET	<input checked="" type="checkbox"/> Add
		TRENTON, FL 32693	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RYAN REID	5332 PIERPOINT AVE	<input type="checkbox"/> Add
		SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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 MARCH 7 2022

Signature of a member or authorized representative of a member

RYAN REID

Typed or printed name of signee