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PICK-UP	☐ WAIT	MAIL
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A. BUTLER SEP 1 3 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROMARMI INTERNATIONAL SERVICES
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:
Lois Gamboa Tarache Name of Person
Romarmi International Services LLC Firm/Company
4/17 Kensington Lake Cir Address
Brandon FL 33511 City/State and Zip Code
Tox. rosshc Pout look. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lois Gambia Tarache at (786) 2732940  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	Or	2072 1111 22 24
ROMARMI INT	ERNATIONAL ed Liability Company as it now appe (A Florida Limited Liability Company)	SERVICES LZZ
The Articles of Organization for this Limited Li Florida document number 4 22 000 25	ability Company were filed on _	06/06/2022 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of	the limited liability company h	nere:
The new name must be distinguishable and contain the w	ords "Limited Liability Company." the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	nent number \( \alpha 22 \omega 0025 \) \( \gamma 7 \) \( \gamma 9 \)  ent is submitted to amend the following:  In a name, enter the new name of the limited liability company here:  In a name, enter the new name of the limited liability company." the designation "LLC" or the abbreviation "L.L.C." incipal offices address, if applicable:  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." incipal offices address, if applicable:  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." incipal offices address MUST BE A STREET ADDRESS)  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." incipal office address MUST BE A STREET ADDRESS)  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." incipal office address MUST BE A STREET ADDRESS)  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." incipal office address MUST BE A STREET ADDRESS)  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." incipal office address MUST BE A STREET ADDRESS)  In a name of the limited Liability Company." the designation "LLC" or the abbreviation "LLC" or the abbreviati	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our i s here:	records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	5 . 6	
	Enter Flo	
	City	
		•

## 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis Gambon Tarache	4/17 Kensington Lake Cil Blam	don □ Add
		FL US 33511	□Remove
			<b>T</b> Change
AMBR	Losem AgosTiNHO YANES	417 Kensignan ton	🖪 Add
		Lake Circle Brondon	□Remove
		FL US 33511	Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		*****	□Add
			□Remove
			□Change
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		,	□Remove
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