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COVER LETTER

	f Corporations AN JARDÀ N'LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.				
Please return all cor	respondence concerning this matter	to the following:				
	Stephanie A. Young					
		Name of Person				
	Law Office of Stephanie A	A. Young, PLLC				
	 -	Firm/Company				
	930 N Congress Ave Suite	220				
		Address				
	Boynton Beach, FL 33426					
	·	City/State and Zip Code				
	stephanie@saylawoffice.co					
	E-mail address: (to be used for future annual report notif	ication)			
For further informat	ion concerning this matter, please c	all:				
Stephanie A. Young	;	561 853-0819				
Na	ame of Person	Area Code Daytime	Telephone Number			
Enclosed is a check	for the following amount:					
■ \$25.00 Filing Fo	ce S30.00 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 Ac	ldress:	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

TO:

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

ROMAN JARDÃ NILLC (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 $\frac{08/05/22}{1}$ Florida document number _____L22000345100 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROMAN JARDIN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.		ling.) Pursuant to	
•	2:01 a.m. on the earlier of: (b)	The 90th day	after the
record specifies a delayed effective date, but not an effective time, at 12 is filed.			
is filed.	resentative of a member		_