## LZZ000499183

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## **COVER LETTER**

TO: Registration So Division of Con		ì	
RÓMANS	SRQ RENTALS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROMAN SAJANEK		
	<del></del>	Name of Person	
	RÓMANS SRQ RENTAL	S LLC	
		Firm/Company	
	2834 FOREST LN		•
		Address	
	SARASOTA, FL 34231		
		City/State and Zip Code	
	ROMAN.SAJANEK@SEZ		
For further information c	en-man address: ( concerning this matter, please c	to be used for future annual report no all:	aricanon)
ROMAN SAJANEK		941 914-0912 at ()	
Name o	t Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	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 S		Street Address:	antion
Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMANS SKQ KENTALS LLC		
(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000499183	were filed on 11/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ROMANS DETAILING LLC		
he new name must be distinguishable and contain the words "Limited Liabil"	ity Company," the designation "LLC" or t	he 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)		
		<u> </u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

DANKA STOROGO DESPUBLICATION DE

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
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be pock does not meet the ap	plicable statutory filing	(optional) ore than 90 days after filing requirements, this date	.) Pursuant to 605.0207 (3
		un timo et 12:01 a.m. o	n the earlier of: (b) Th	ne 90th day after the
ne record specifies a delayed effective	e date, but not an effectiv	ve time, at 12.01 a.m. o		•
ne record specifies a delayed effective ord is filed.  Dated			<b>.</b> .	·
ne record specifies a delayed effective ord is filed.  Dated		·		·