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(Requestor's Name)
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#### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT:	Romai	1900ds LLC		
	Name of Limite	ed Liability Company		
The enclosed Articles o	of Amendment and fee(s) are subm	itted for filing.		
Please return all corresp	oondence concerning this matter to	the following:		
	5	Name of Person		
		Romangoods LLC Firm/Company		
			2.3	
		tta Bay Dr. A	t	
	Oran	ge City, FL 32 City/State and Zip Code	763 =	
		angoods@gmail Com be used for future annual report notifi	ication)	
For further information	concerning this matter, please call	·	in D	
Saul Name	Roman of Person	at ()(386 Area Code Daytime	) 327 5195 Telephone Number	
Enclosed is a check for	the following amount:			
₹\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration Sec	tion	
_	Corporations	Division of Corp The Centre of Ta	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
(A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited Liability Company were filed	on February 20,2023 and assigned
Florida document number <u>L2300090224</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	79 1
(Principal office address MUST BE A STREET ADDRESS)	1
	<u>, , , , , , , , , , , , , , , , , , , </u>
	그:
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:	ter Florida street address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	in cont

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>	Name	Address	Type of Action
AMBR	Saul Roman	910 Regatta Bay Dr. Apt20	<b>B ∀</b> Add
		910 Regatta Bay Dr. Apt20 Orange City, FL 32763	□Remove
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
		L 1. - : E II	DRemove
			□ Add
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		<del></del>	□Change
			□ Add
		<del></del>	□Remove
			□Change

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. . . .

f amending any other information, enter change(s) here: (Attach additional sheets, if neo	cessary.)	
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ffective date, if other than the date of filing: (option of the date of filing or more than 90 days after t	ional)	ont to 605 0207
<u>vote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, th ocument's effective date on the Department of State's records.	is date will no	ot be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. on th	e earlier of
		26
ated		
Signature of a member or authorized representative of a member	<del></del>	<del>।</del>
		三
Saul Ruman Typed or printed name of signee		-

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Filing Fee: \$25.00