

L23000355279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

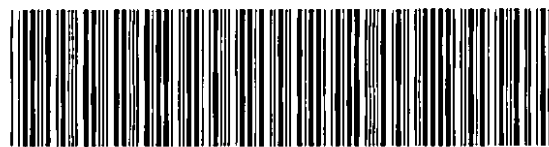
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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KH
11/29/23

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STATE
TALLAHASSEE FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Roman Lux Cars Delivery LLC FOLLOW CNN

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
[Terms of Use](#) [Privacy Policy](#) [Do Not Sell My Personal Information](#) [Ad Choices](#) [Accessibility & CC](#) [About](#)
 Please return all correspondence concerning this matter to the following:

Roman Myshuk
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Roman Lux Cards Delivery LLC

Firm/Company

543 NE 47th Street,

Address

Boca Raton, FL 33431

City/State and Zip Code

zzz64909@gmail.com

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

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 TALLAHASSEE, FL
 STATE

For further information concerning this matter, please call:

Gerry PUrdy

561

563-4085

at ()

Name of Person

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

0/29/22, 11:50 AM
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	Roman Myshuk	543 NE 47th St., Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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SEC. OF STATE
MAIL ROOM
FILE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Bank of America required the LLC state the Authorized Person details which I added above.

Let me know if I didn't do this correctly.

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2023 NOV 14 PM 3:26
SIC 1100000000
STATE
FL

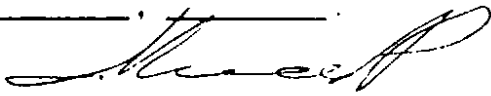
E. Effective date, if other than the date of filing: (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 8, 2023



Signature of a member or authorized representative of a member

Date

Roman Myshuk

Typed or printed name of signer