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COVER LETTER

	Registration So Division of Co		
SUBJEC		ONS ROMED, LLC	
SOBJEC	-1:	Name of Lim	nited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	turn all correspo	ondence concerning this matter	to the following:
		ROSA E. PACHECO-VIL	
			Name of Person
		VILLALTA & ASSOCIA	TES ACCOUNTING GROUP INC
			Firm/Company
		5454 NW 59TH PL	
			Address
		TAMARAC, FL 33319	
			City/State and Zip Code
		VILLALTAANDASSOCIA	ATES@GMAIL.COM
		E-mail address: (to be used for future annual report notification)
For furth	er information o	concerning this matter, please c	all:
ROSA E	. PACHECO-V	ILLATA	954 778-8006 at ()
	Name o	of Person	Area Code Daytime Telephone Number
Enclosed	i is a check for th	he following amount:	
□ \$25.4	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section
	Division of C		Division of Corporations
	P.O. Box 632	-	The Centre of Tallahassee
	Tallahassee	FI 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERTIONS ROMED, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	ANUARY 16, 2024, and assigned
lorida document number L24000032184	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company l	here:
NVERSIONES ROMED, LLC	
he 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:	
Principal office address MUST BE A STREET ADDRESS)	2.52
Three was the state of the stat	
	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
S. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: Name of New Registered Agent:	records, enter the name of the new regis
New Registered Office Address:	
Enter Fl.	orida street address
	, Florida
City	Zin Code

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 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>	<u>Address</u>	Type of Action
			□ Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior to ck does not meet the applicab		
record specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
	2024		
MARCH, 07			
ated MARCH, 07	John Allen	2 -	