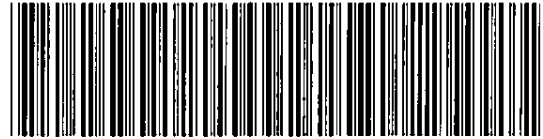


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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERTIONS ROMED, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA E. PACHECO-VILLALTA

Name of Person

VILLALTA & ASSOCIATES ACCOUNTING GROUP INC

Firm/Company

5454 NW 59TH PL

Address

TAMARAC, FL 33319

City/State and Zip Code

VILLALTAANDASSOCIATES@GMAIL.COM

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

For further information concerning this matter, please call:

ROSA E. PACHECO-VILLATA

954 778-8006
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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(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)


Signature of a member or authorized representative of a member

Typed or printed name of signee