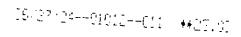


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TO: Registration Se Division of Co						
ROMG LL	С					
SUBJECT:						
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Romain Gall					
		Name of Person				
	ROMG LLC					
	Firm/Company					
	601 NE 36th St					
		Address				
	Miami, FL 33137					
		City/State and Zip Code				
	r10foot@me.com	1				
	E-mail address: (to be used for future annual repo	rt notification)			
For further information of	oncerning this matter, please of	all:				
Romain Gall		571 344-44	15			
		at ()	Paytime Telephone Number			
Name o	ıt Person	Area Code D	aytime Telephone Number			
Enclosed is a check for the	he following amount:					
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee. Certificate of Status &			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMG LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	2024 TAL
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on	and assigned,
This amendment is submitted to amend the following:		The second of th
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE <u>A</u> STREET ADDRES	(22)	<u> </u>
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· .
	, Flor	ida Ziv 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

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Temoves	•	;	·-		-,	

1GR = Manager .MBR = Authorized Member

MBR = Au	thorized Welliber		Type of Action
<u>Title</u> AGR	Name Thierry Gall	Address 12615 Terrymill Dr. Herndon VA 20170	≅ Add
			□ Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 June 19 Signature of a member or authorized representative of a member Romain Gall Typed or printed name of signee