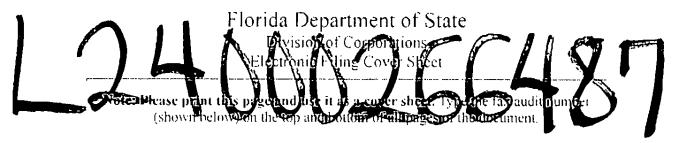
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROMANI IMPORTS LLC

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M. SOLOMON

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Help

COVER LETTER

TO: Registration S Division of Co					
ROMAN	NI IMPORTS LLC				
SUBJECT:	Name of Lin	nied Liability Company			
	[Amendment and fee(s) are sub ondence concerning this matter	_			
·	Mike Town	-			
		Name of Person			
	Legalzoom com, Inc.				
		Firm/Company	·		
	9900 Spectrum Dr	, .		2024 SEP 11 AM II: 35 SECRETARY OF STATE TALLAHASSEE, FL	_
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		City/State and Zip Code		SEE AN	3
	vanessa.celati@yahoo.coi			E STA	q
	E-mail address: (to be used for luture annual report noti	fication)	' == ₩	
For further information of	concerning this matter, please o	all:			
Mike Town		800 773-0888 - at ()			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ 555.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor Cition Building	D41		

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMANI IMPORTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/11/2024 and assigned Florida document number 1.24000266487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 14255 FLORA LN Enter new principal offices address, if applicable: WELLINGTON, FL 33414 (Principal office address MUST BE A STREET ADDRESS) 14255 FLORA LN Enter new mailing address, if applicable: WELLINGTON, FL 33414 (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: Enter Florida street address

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.

Cin

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BEVACQUA, VANESSA		
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	Signature of a member authorized representative of a member		

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