

NI1000000683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

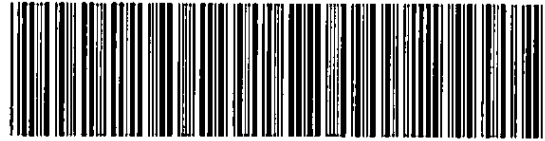
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/24/19--01035--004 **25.00

S TALLENT

JUL 22 2019

SECRETARY OF STATE
TALLENT@SOS.CT.GOV

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2019

CHARLES R. ROPKA, ESQ.
LAW OFFICE OF C. RICHARD ROPKA
215 FRIES MILL ROAD
TURNERSVILLE, NJ 08012

SUBJECT: RHOMBUS SERVICES, LLC
Ref. Number: M11000000683

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00013832

RECEIVED
2019 JUL 19 PM 12:38
TALLENT, S. II

C. Richard Ropka, LLM (Tax)

Admitted to:
State of New Jersey
United States Supreme Court
United States District Court
United States Tax Court
United States Court of Claims

*Please Reply To Our
Turnersville Office*



LAW OFFICE OF
C. RICHARD ROPKA, LLC

Gloucester County
215 Fries Mill Road
Turnersville, NJ 08012

Camden County
(By Appointment Only)
1101 Crane Drive, Suite 100
Cherry Hill, NJ 08003

Burlington County
(By Appointment Only)
150 Himmelein Road
Medford, NJ 08055

July 15, 2019

Via Regular Mail
Florida Division of Corporation
PO Box 6327
Tallahassee, FL 32314

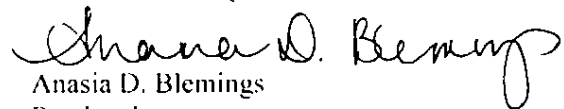
Re: Rhombus Services, LLC
Letter Number: 819A00013832

Dear Ms. Tallent:

Enclosed herewith please find the updated "Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida" to be filed on the above-referenced entity's behalf. You have already received the \$25.00 filing fee as confirmed in your letter dated July 9, 2019 (enclosed).

Should you have any questions, please contact our office.

Very truly yours,


Anasia D. Blemings
Paralegal

CRR/ab
Enclosure(s)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rhombus Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles R. Ropka, Esq.

Name of Person

Law Office of C. Richard Ropka

Firm/Company

215 Fries Mill Road

Address

Turnersville, NJ 08012

City/State and Zip Code

fax@ropkalaw.com ✓

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

For further information concerning this matter, please call:

Charles R. Ropka

Name of Person

at (856) 374-1744

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: **Rhombus Services, LLC**

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: **M11000000683**

3. Jurisdiction of its organization: **New Jersey**

4. Date authorized to do business in Florida: **02/10/2011**

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, **Florida** _____
City Zip 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

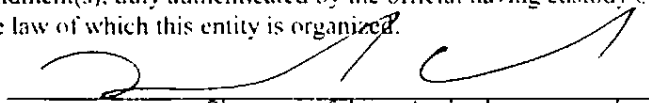
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SECRETARY OF STATE
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Steven Hearon</u>	<u>220 Lake Drive East, Suite 215</u>	<input checked="" type="checkbox"/> Add
		<u>Cherry Hill, NJ 08002</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Michael Hersh, Member

Typed or printed name of signee

Filing Fee: \$25.00