

9/18/2019

L19000140280
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : 17016000067
Phone : (407)370-3636
Fax Number : (407)370-3120

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

Email Address: PRIVATE@LARSONACC.COM

RECEIVED
2019 SEP 23 PM 1:33

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GN ROMERO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2019 SEP 23 PM 2:57

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SEP 24 2019
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M. SOLOMON



September 19, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GN ROMERO LLC
7901 KINGSPONTE PKWY STE 17
ORLANDO, FL 32819US

SUBJECT: GN ROMERO LLC
REF: L19000140280

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

SIGNATURE TOO LIGHT TO READ

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) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

FAX Aud. #: B19000280086
Letter Number: 619A00019435

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GN ROMERO 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:

CAROLINE LARSON
Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC
Firm/Company

7901 KINGSPORTE PARKWAY STE 17
Address

ORLANDO, FL 32819
City/State and Zip Code

PRIVATE@LARSONACC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON 407 370 3686
Name of Person at () 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/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GN ROMERO 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 05/24/2019 and assigned Florida document number L19000140280.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9802 PINEOLA DR

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32836

Enter new mailing address, if applicable:

9802 PINEOLA DR

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32836

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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

_____, 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

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>	<u>Type of Action</u>
MGR	NEWTON ROGERIO ROMERO	RUA DAS TIMBAUVAS 209	<input checked="" type="checkbox"/> Add
		CUIABA, MT 78061-306 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 23 14:51

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Multiple horizontal dashed lines for amending information.

2019 SEP 23 PM 2:57

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 September 20 2019

Handwritten signature of GABRIELA N RIBEIRO ROMERO

Signature of a member or authorized representative of a member

GABRIELA N RIBEIRO ROMERO

Typed or printed name of signer