

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

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

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SEP 24 2019
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M. SOLOMON

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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 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.

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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