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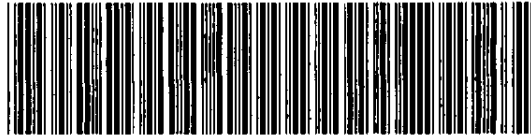
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JAN - 8 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: ROMANO INVESTMENT & MANAGMENT GROUP, 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:

JUDY BULLEN

Name of Person

ROMANO INVESTMENT & MANAGMENT GROUP, LLC,

Firm/Company

1135 CALANDA AVE.

Address

ORLANDO, FL. 32807

City/State and Zip Code

AALEX9191@YAHOO.COM

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

For further information concerning this matter, please call:

JUDY BULLEN OR ANTHONY ALEXANDER at ( 407 ) 704-6900  
Name of Person 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**

**ROMANO INVESTMENT & MANAGMENT GROUP, 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 NOVEMBER 19, 2009 and assigned Florida document number L09000113782.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)**

1135 CALANDA AVE.

ORLANDO, FL. 32807

**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*

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TALLAHASSEE, FLORIDA

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE A. OLIVEIRA	7512 LIZ ANNE CT. ORLANDO FL 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AHMED Z. ALGEBAILY	2 ABD ALSATAR MANSOUR ST. APPT # 11 LORAN, ALEXANDERIA, EGYPT	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OMAR ALFAROUQ Z. ALGEBAILY	2 ABD ALSATAR MANSOUR ST. APPT #11 LORAN, ALEXANDERIA, EGYPT	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TARK Z. ALGEBAILY	2 ABD ALSATAR MANSOUR ST. APPT #11 LORAN, ALEXANDERIA, EGYPT	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MOHAMED A. ZAKI ALGEBAILY	2 ABD ALSATAR MANSOUR ST. APPT #11 LORAN, ALEXANDERIA, EGYPT	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

JORGE A. OLIVEIRA AND OR ANTHONY ALEXANDER ARE THE  
AUTHORIZED REPRESENTATIVE TO THE LLC, AND THE FOUR MEMBERS  
PARTENER WITH THE RIGHT TO MANAGE ALL THE BUSINESS AFFAIRS

Dated DECEMBER 28, 2009

  
Signature of a member or authorized representative of a member

AHMED Z. ALGEBAILY  
Typed or printed name of signee

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Filing Fee: \$25.00

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