

Division of Corporations

L12000119014

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

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CO
Account Number : I20060000145
Phone : (305) 769-4936
Fax Number : (305) 769-1844

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROMERCRI ENTERPRISES, LLC.**

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C. LEWIS

OCT - 5 2012

EXAMINER

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DIVISION OF CORPORATIONS

2012 OCT -4 AM 8:58

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROMERCRI ENTERPRISES, 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 SEPT 17, 2012 and assigned
Florida document number L12000119014.

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)

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:

CRISALIA E AGUILERA AMAYA

New Registered Office Address:

6921 NW 109 AVE

Enter Florida street address

DORAL

Florida

33178

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 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

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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:

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MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MARY C AGUILERA	6921 NW 109 AVE DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CRISALIA E AGUILERA	6921 NW 109 AVE DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OSCAR J RAMIREZ	6921 NW 109 AVE DORAL FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MERY C AGUILERA DE MARTINEZ	6921 NW 109 AVE DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CRISALIA E AGUILERA AMAYA	6921 NW 109 AVE DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OSCAR J RAMIREZ MONCADA.	6921 NW 109 AVE DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCT 4, 2012

Signature of a member or authorized representative of a member

CRISALIA E AGUILERA AMAYA

Typed or printed name of signee

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