

LI80001666017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

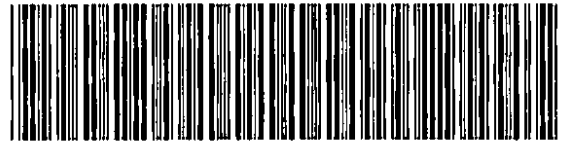
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
AUG 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROMIJECA 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:

KARINA ROCHA

Name of Person

ROMAR INTERNATIONAL LLC

Firm/Company

14334 BISCAYNE BLVD

Address

NORTH MIAMI BEACH, FL 33181

City/State and Zip Code

KARINA@TAXLEAF.COM

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

For further information concerning this matter, please call:

KARINA ROCHA

305

209-9933

at (_____) _____

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

ROMIJECA LLC

Page 1 of 3

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	DIAS DELGADO, RUBEN D	20803 BISCAYNE BLVD, STE :	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIAS DELGADO, RUBEN D	4111 S OCEAN DRIVE #2701	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

Dated JULY, 31ST 2018

MICHAEL ENRIQUE JEREZ CORDOBA

Filing Fee: \$25.00