170000063857

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Name)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
j

Office Use Only



800344168108

05/08/20--01007--009 **25.00

2020 HAY -8 PM 3: 12



COVER LETTER

Registration Section

TO:

Division of Cor	porations		
ROMANO	S GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analogue Activities of	Amendment and fee(s) are sub	mittad for filing	
		•	
Please return all correspo	ondence concerning this matter	to the following:	
	CHAURIO, FREDDY J		
		Name of Person	
	ROMANOS GROUP LLC	:	
		Firm/Company	
	10658 GREAT FALLS LA	ANE	
		Address	
	TAMPA, FL 33647		
		City/State and Zip Code	
	fjchaurio@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Chaurio Freddy		305 2066255	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION OF

2020 HAY -8 PH 3: 12

ROMANOS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A rionda Limited L	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000063857</u> .	were filed on	O2/2.b/20and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10658 GREAT FAL	LS LANE TAMPA, FL 33647
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	10658 GREAT FAL	LLS LANE TAMPA, FL 33647
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, enter the name of the new registered
New Registered Office Address:		
	Enter Florida s	treet address
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Ciņ	, Florida Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
If Chan	iging 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>	Type of Action
MGRM	MARIANA CECILIA PUCHE	11245 NW 88TH TER. DORAL FL., 33178-2773	= Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗀 Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

——————————————————————————————————————	AX ID NUMBER 61-1955562	_
		_
		_
		_
		_
		_
		_
 -		_
		_
_		_
	·	_
		
		_
		_
		_
Effective date	e, if other than the date of filing: (optional)	
lf an effective dat	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be I	605.020° isted as
document's eff	fective date on the Department of State's records.	
e record specifi rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	iter the
TO W THOU		
MAY 6	2020	
Dated "A C	 ,	
Dated	_////	
Dated	from Inodal	
Dated MATO	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00