LZ0000091717

(Re	questor's Name)	
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10/26/20--01024--013 **25.00

12/4/20



COVER LETTER

LA ROMANA GROUP LLC SUBJECT: 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: ALBERTO J APONTE Name of Person LA ROMANA GROUP LLC Firm/Company 11057 NW 43RD LANE Address **DORAL, FL 33178** City/State and Zip Code ALBERTO.APONTE1909@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELA GARCIA 786 252.3423 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section **Registration Section**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TELED

LA ROMANA GROUP LLC

2020 OCT 26 PH 1: 56

provisions of all statutes relative to the proper and comp	olete performance of my dutie	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent and		I further agree to comply with the
	City	, Florida Zip Code
		, Florida
New Registered Office Address:	Enter Florida street a	ddress
Name of New Registered Agent:		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>er</u>	nter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited	liability company here:	
This amendment is submitted to amend the following:		
Florida document number L20000091717		
The Articles of Organization for this Limited Liability Comp	oany were filed on	and assigned

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>	Address	Type of Action
MGR	DANIELA GARCIA	11057 NW 43RD LANE. DORAL, FL 33178	= Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. e 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 trd is filed.						
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