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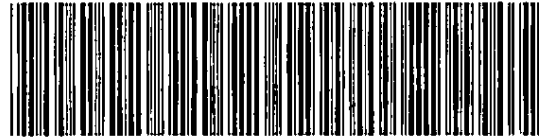
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JAN 7 2022
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A. BUTLER

JAN 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Romo Enterprise, LLC
Name of Limited Liability Company

2021 DEC -6 AM 8:09

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique Warren
Name of Person

Romo Enterprise, LLC
Firm/Company

18157 Regent Square Drive
Address

Tampa, FL 33647
City/State and Zip Code

Romo Enterprise 8136@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Warren at (813) 787-7511
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 Address:
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**

Pomo Enterprise, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 OCT 27 11:17:10

The Articles of Organization for this Limited Liability Company were filed on

10/28/2021 Filed
November 1, 2021 effective

Florida document number

L 21000468511

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 contain 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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 attending 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	Monique Warren	18137 Regents Square	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		18137 Regents Square	<input checked="" type="checkbox"/> Change
	Monique Warren	Drive	
	Change from AP to	Tampa, FL 33647	<input type="checkbox"/> Add
	Manager		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

If the 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 the record is filed.

Dated December 1, 2021

My Warr
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Monroe Warren
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 27 AM 8:11

December 15, 2021

MONIQUE C WARREN
18137 REGENTS SQUARE DRIVE
TAMPA, FL 33647

SUBJECT: ROMO ENTERPRISE, LLC
Ref. Number: L21000468511

We have received your document for , however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 421A00030249