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(RE	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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2022 MAR 28 PM 12: 51
UECRETARY OF STATE

A. BUTLER APR 1 1 2022

COVER LETTER.

TO:	Registration Se Division of Cor			•
SUBJE	Romanex ,	LL.C		
		Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	cturn all correspo	ndence concerning this matter	to the following:	
		Leo Sosa	_	
			Name of Person	
		Romanex, LLC		
			Firm/Company	
		18117 biscayne blvd., #17		
		.,	Address	
		Aventura, FL 33160		
			City/State and Zip Code	
		1199miami@gmail.com		
			to be used for future annual report noti-	lication)
For furti	her information c	oncerning this matter, please ca	all:	
leo sosa	ı		786 9558756 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	nc following amount:		
₩ \$25	.00 Fiting Fec	☐ \$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 tadditional 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 FILED ARTICLES OF ORGANIZATION 2022 MAR 28 PM 12: 51 **OF**

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) E. F. (A Florida Limited Liability Company) Romanex LLC

The Articles of Organization for this Limited Liability Company Florida document number £22000013104	were filed on	Jan 5, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," th	e designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			
(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:	address on our	r records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	-1		
-	Enter F	lorida street addres.	s
		, Fle	orida
	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 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	rene gioia jr	18117 biscayne blvd	
		aventura FL 33160	■Remove
			□Change
MGR	Leo sosa	18117 biscayne blvd	≅ Add
		aventura, FL 33160	□Remove
			Change
			□Add
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fective date, if other than the in effective date is listed, the date must be: If the date inserted in this blueument's effective date on the D	ock does not meet th	ne applicable sta	of filing or more the	(option in 90 days after fil irements, this d	al) ing.) Pursuant to 605.02 ate will not be listed
ecord specifies a delayed effectiv	e date, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after the
is filed.					
march 22	, 202	22			
is filed. march 22 ated	,,	n			
march 22	Signature of members	n	presentative of a π	nember	