

L22000016127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

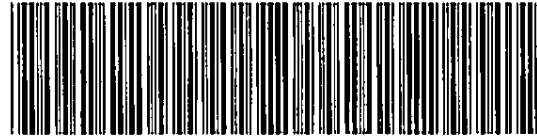
(Business Entity Name)

(Document Number)

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2022 FEB -9 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
FEB 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DULCE ROMAN 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:

DULCE ROMAN HERNANDEZ

Name of Person

DULCE ROMAN LLC

Firm/Company

PO BOX 621986

Address

OVIEDO, FL 32765

City/State and Zip Code

ser@dulceroman.com

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

For further information concerning this matter, please call:

DULCE ROMAN HERNANDEZ

407 6196842

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 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**

DULCE ROMAN LLC

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

FILED
2022 FEB -9 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on JANUARY 7, 2022 and assigned
Florida document number 1.22000016127.

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 "L.L.C." 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

_____, **Florida**
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 Changing 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> | <u>Type of Action</u> |
|--------------|------------------------------|---------------------------------------|--|
| AMBR | DULCE ROMAN HERNANDEZ | 3871 SHAFTBURY PLACE, OVIEDO FL 32765 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AP | ALEJANDRO MARTINEZ JARA | 3871 SHAFTBURY PLACE, OVIEDO FL 32765 | <input type="checkbox"/> Add |
| | Alejandro Martinez Jaramillo | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

For further explanation of the requested amendment, please see notes below:

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR - ~~AMBR~~ ← Change from MGR to AMBR
DULCE ROMAN HERNANDEZ
3871 SHAFTBURY PLACE
OVIEDO, FL. 32765

L22000016127
FILED 8:00 AM
January 07, 2022
Sec. Of State
jafason

Title: ~~AP~~
~~ALEJANDRO-MARTINEZ JARAMILLO~~ ← Remove. We made a mistake.
3871 SHAFTBURY PLACE
OVIEDO, FL. 32765

Article V

The effective date for this Limited Liability Company shall be:

02/01/2022

Signature of member or an authorized representative

Electronic Signature: ALEJANDRO MARTINEZ JARAMILLO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.