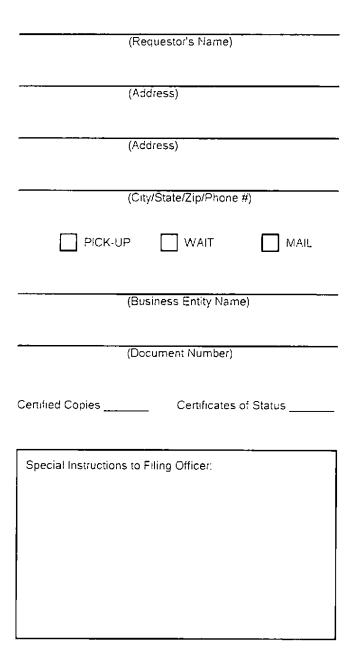
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Office Use Only



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US

COVER LETTER

TO: Registration Division of C			
	O & GARCIA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	JESUS ROMERO GARCI	Α	
		Name of Person	202
	ROMERO & GARCIA LI	C	3 1
		Firm/Company	
	107 MONTGOMERY STI	REET	7 PH 2: 00
		Address	72
	CAMBRIDGE, MA 02140)	00
	astolforomero@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	all:	
JESUS ROMERO GA	ARCIA	57 300 265-0781	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ROMERO & GARCIA LLC

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

(A Florida Lim	nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L23000010273}{L23000010273}$	pany were filed on JANUARY 4, 2023 and assigned
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 I	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	<u>s</u>
	Learns.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
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 Ag	gent:
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
īr	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>	Address	Type of Action
AMBR	ROMERO GARCIA, MARIA	CALLE 134B #11A-11 CASA 2	
		BOGOTA, DC 11011-1 CO	□Remove
			■Change
AMBR	ROMERO GARCIA, FANNY	CALLE 134B #11A-11 CASA 2	□Add
		BOGOTA. DC 11011-1 CO	□Rem o ve
			Change
AMBR	ROMERO GARCIA, NOHORA	CALLE 134B #11A-11 CASA 2	□Add
		BOGOTA, DC 11011-1 CO	□Remove
			■Change
AMBR	ROMERO GARCIA, ANA	CALLE 134B #11A-11 CASA 2	□Ad d
		BOGOTA, DC 11011-1 CO	□Remove
			Change
			□Add
			□ Remove
			©Change
		<i></i>	Remove
			□ Change

							
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fective date, if other than then effective date is listed, the date m	e date of filing:	. 1	I-A C.C.II .	d 00 t	(optiona	l)	(05.00
ote: If the date inserted in this ocument's effective date on the	block does not meet th	ne applicable	e statutory filin	g requiremen	ys after fini its, this da	te will r	iot be listed a
ecord specifies a delayed effect is filed.	ive date, but not an eff	fective time	, at 12:01 a.m. (on the earlier	of: (b)	The 90th	ı day after th
nted	, 202	23	- (=) A	A.".			

Filing Fee: \$25.00

Typed or printed name of signee