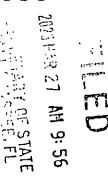
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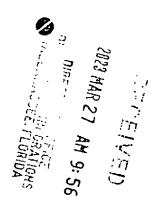
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CORPORATE

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WALK IN

	CERTIFIED COP	Y	
XX	РНОТОСОРУ		
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XX	FILING	LLC AMEND	
	CORPORATE NAME AND	NO HOLDINGS, LLC	
(CORPORATE NAME AND	DOCUMENT #)	
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	CORPORATE NAME AND	DOCUMENT #)	

COVER LETTER

TO: Registration Se Division of Con			
Antonio Ro	omano Holdings, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyler Johnson		
	Threlkeld Law, P.A. Firm/Company 3003 Tamiami Trail N., Suite 400 Address Naples, FL 34103 City/State and Zip Code tyler@napleslegal.net E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: phnson at (
Name of Person Threlkeld Law, P.A. Firm/Company			
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Tyler Johnson Name of Person Threlkeld Law, P.A. Firm/Company 3003 Tamiami Trail N., Suite 400 Address Naples, FL 34103 City/State and Zip Code tyler@napleslegal.net E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person Area Code Daytime Telephone Number e following amount: S30.00 Filing Fee & S55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status		
	3003 Tamiami Trail N., St	rite 400	
		Address	
	Naples, FL 34103		
	,	City/State and Zip Code	
		to be used for future annual report no	titication)
For further information of			
Tyler Johnson		· =	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$ 25,00 Filing Fee			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
	Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filling. correspondence concerning this matter to the following: Tyler Johnson Name of Person Threlkeld Law, P.A. Firm/Company 3003 Tamiami Trail N., Suite 400 Address Naples, FL 34103 City/State and Zip Code tyler@napleslegal.net E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person at (239		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023/148/27 AM 9:56

Antonio Romano Holdings, LLC

STATE

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

,			
The Articles of Organization for this Limited Liability Company w	ere filed on March 22	2, 2023 	and assigned
Florida document number L23000131103			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	tv company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	tion "LLC" or the ab	breviation "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)			
imading datiess may be a rost of the boxy			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our record	s, <u>enter the nam</u>	e of the new registered
New Registered Office Address:	Enter Florida str	eet oddress	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my a ovided for in Chapt	luties, and Lam f er 605, F.S. Or,	lamiliar with and if this document is

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>	Name	Address	Type of Action
MGR	Frank Romano	5044 Bonita Beach Road	□Add
		Bonita Springs, FL 34134	■Remove
			□Change
MGR	Franco Romano	5044 Bonita Beach Road	■Add
		Bonita Springs, FL 34134	□Remove
			Change
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in effective date is listed, the date must ote: If the date inserted in this bl	t be specific a ock does not	ınd cannot be pi t meet the app	ior to date of f licable statu	iling or more t tory filing re	han 90 days at quirements, t	ter tiling.) l his date w	ursuant to 6 ill not be li	05.0207 i sted as t
cument's effective date on the D	partment of	f State's recor	ds.					
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ecord specifies a delayed effectiv is filed.	e date, out n	ot an effective	e time, at 12:	vi a.m. on t	te eartier of:	(b) The	70in day ai	ier the
March 27		2023						
Widich 27		- · 	 ·					
ted								
sted) all 1	21						
) Signature of	a member or at	uthorized repre	esentative of a	member			

Filing Fee: \$25.00