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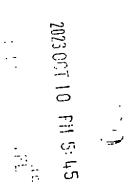
(Re	equestor's Name)	
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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
enin ura	ROMARHO	OMES, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The end	assi Amialas at	Amendment and fee(s) are sub	missed for films	
		ondence concerning this matter	· ·	
		ROMAR ALONSO CAST	RO	
			Name of Person	
		ROMARHOMES, LLC		
			Firm/Company	
		10317 Crystal Point Drive		
			Address	
		Orlando, FL 32825		
			City/State and Zip Code	
		romarcm11@gmail.com	······································	
r r			to be used for future annual report not	ification)
		oncerning this matter, please ca	311;	
ROMA	RALONSO CAS		407 536-1843 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosec	l is a check for th	ne following amount:		
	00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
	P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT 10 PH 5: 45

ROMARHOMES, LLC

(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	were filed on $\frac{08/14/2023}{}$	and assigned
Florida document number <u>L23000382057</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ROMAR ALONSO CASTRO LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10317 Crystal Point Drive,	Orlando, FL 32825
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> ,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street ad	dress
	, Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
If Chao	nging Registered Agent, Signatu	re of New Registered Agent

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remove	
		48444	□ Change	
			□Add	
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			□ Change	
			□ Add	
			□Remove	
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			Remove	
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			□Remove	
			☐Change	
			□Add	

□Remove

□Change

D. If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
	
(If an effective date is lis Note: If the date ins	ther than the date of filing:
f the record specifies a decord is filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 2	2023
Duice	
	Signature of a member or authorized representative of a member
Romar A	Typed or printed name of signee

Filing Fee: \$25.00