

From:

11/20/2024 09:54

#240 P.002/008

L24000390428

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000366529 3)))



H240003665293ABC4

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : UNION CARRIER SERVICES  
Account Number : I20230000157  
Phone : (305)392-1035  
Fax Number : (786)401-7453

2024 NOV 20 PM 4:51  
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FLORIDA  
TALLAHASSEE

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

unioncarrierservices@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROMERO AGUILERA LLC

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Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

NOV 21 2024

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Corporate Filing Menu

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2024 NOV 20 AM 10:31

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

From: .

11/20/2024 09:54

#240 P.003/008

850-617-6381

11/5/2024 4:45:53 PM PAGE 1/001 Fax Server



November 5, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ROMERO AGUILERA LLC  
4501 S WOODWARD AVE  
APT 4  
OKLAHOMA CITY, OK 73119US

SUBJECT: ROMERO AGUILERA LLC  
REF: L24000390428

We have received your document for ROMERO AGUILERA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The IRS letter was not included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H24000366529  
Letter Number: 824A00024340

*See attached*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROMERO AGUILERA 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:

HEIDY RODRIGUEZ

\_\_\_\_\_  
Name of Person

UNION CARRIER SERVICES

\_\_\_\_\_  
Firm/Company

5643 NW 74 AVE

\_\_\_\_\_  
Address

MIAMI, FL 33166

\_\_\_\_\_  
City/State and Zip Code

UNIONCARRIERSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

HEIDY RODRIGUEZ

\_\_\_\_\_  
Name of Person

305

3921035

at (\_\_\_\_\_) \_\_\_\_\_

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

FILED  
2024 NOV 20 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ROMERO AGUILERA 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 09/06/2024 and assigned  
Florida document number L24000390428.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4218 JONES BL

OKLAHOMA CITY, OK 73135

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	JULIO ROMERO CARMENATES	4218 JONES BL	<input type="checkbox"/> Add
		OKLAHOMA CITY, OK 73135	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

add Tax ID number (EIN)  
in the articles. (Irs letter attached)

2024 NOV 20 PM 4:51  
STATE OF FLORIDA  
TALLAHASSEE

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/1 2024

Julio Romero Carmenates  
Signature of a member or authorized representative of a member


JULIO ROMERO CARMENATES

Typed or printed name of signer

From:

11/20/2024 09:54

#240 P.004/008

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 09-11-2024

Employer Identification Number:  
99-4877759

Form: SS-4

Number of this notice: CP 575 B

ROMERO AGUILERA LLC  
JULIO ROMERO CARMENATES SOLE MBR  
617 NW 17TH PL  
CAPE CORAL, FL 33993

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-4877759. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 5832 and its instructions for additional information.