

1120 0000 11703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

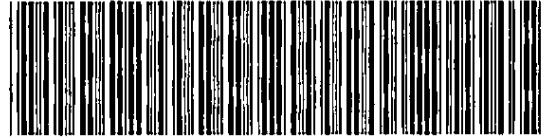
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900380075809

01/24/22--01021--018 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAR 16 AM 9:10

FILED

N/C/  
Amend

5/5/22

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR 16 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FL

February 1, 2022

SONIA BECERRA  
3 GREENWAY PLAZA  
#1320  
HOUSTON, TX 77046

SUBJECT: ROMAN INSURANCE GROUP LLC  
Ref. Number: M20000011703

We have received your document for ROMAN INSURANCE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 922A00002559

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROMAN INSURANCE GROUP LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonia Becerra

Name of Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, Texas 77046

City/State and Zip Code

admin@theromanfinancialgroup.com

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

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

at ( 877 )

777-0450

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: ROMAN INSURANCE GROUP LLC

Enter new principal office address, if applicable: 180 NE 29<sup>ST</sup> APT 706

(Principal office address  
MUST BE A STREET ADDRESS)

Miami, FL 33137

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

180 NE 29<sup>ST</sup> APT 706

Miami, FL 33137

2. The Florida document number of this limited liability company is: M20000011703

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 12/17/2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Roman financial Group LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: NORMAN R CANDELORE JR

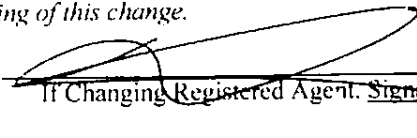
New Registered Office Address: 180 NE 29<sup>ST</sup> APT 706

*Enter Florida Street Address*

Miami, Florida 33137  
*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

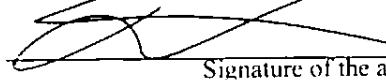
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

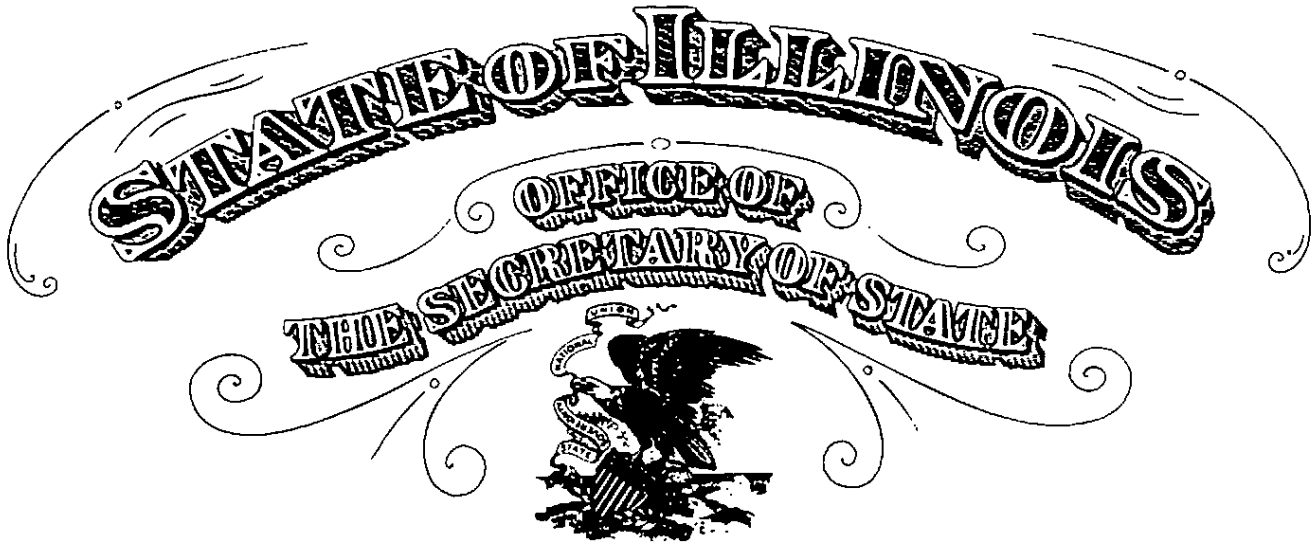
  
\_\_\_\_\_  
Signature of the authorized representative

NORMAN R CANDELORE III  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

File Number

0861932-8



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ROMAN FINANCIAL GROUP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 16, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 4TH*  
*day of FEBRUARY A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE