

L12000109502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

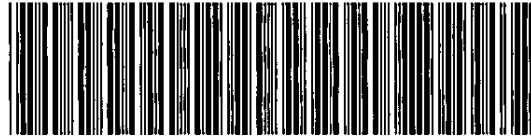
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 18 2014

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: ALLI Pumps II, 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:

Ivonne Rodriguez

Name of Person

ALLI Pumps II, LLC

Firm/Company

3361 SW 147 Ct

Address

Miami, FL 33185

City/State and Zip Code

ivonne@allipumps.com

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

For further information concerning this matter, please call:

Ivonne Rodriguez

Name of Person

at **(305) 229-0167**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALLI Pumps II, 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 8/24/2012 and assigned Florida document number L12000109502.

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 end with 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)

14850 SW 26 St

Ste 212

MIAMI, FL 33185

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14850 SW 26 St

Ste 212

MIAMI, FL 33185

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TALLAHASSEE, FLORIDA

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: Luis A. Rodriguez

New Registered Office Address: 14850 SW 26 St Ste 212

Enter Florida street address

Miami, Florida 33185

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR/Owner	Luis A. Rodriguez	3361 SW 147 Ct Miami, Fl 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR/Owner	Ivonne C Rodriguez	3361 SW 147 Ct Miami, Fl 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Luis Rodriguez	3283 SW 147 Pl Miami, Fl 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Alexander Rodriguez	3262 SW 147 Ct Miami, Fl 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

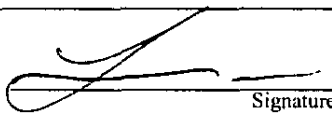
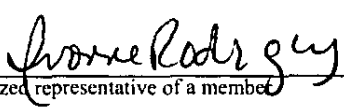
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9-9- 2014

 
Signature of a member or authorized representative of a member

Luis A. Rodriguez

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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