

# L13000125287

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

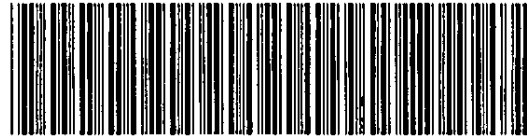
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*[Signature]*



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*9-16-13*  
*5*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALBO HOLDINGS, 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:

ALEX JOHNSON

Name of Person

ALBO HOLDINGS, LLC

Firm/Company

2101 NW CORPORATE BLVD, SUITE 101

Address

BOCA RATON, FL 33431

City/State and Zip Code

ALEXJ@ECJUSA.COM

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

For further information concerning this matter, please call:

ALEX JOHNSON

Name of Person

at ( 561 ) 314 3956

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

## ALBO HOLDINGS, LLC

Page 1 of 3

**MGR = Manager**  
**MGRM = Managing Member**

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

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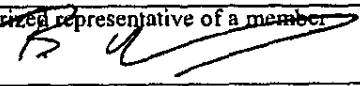
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Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member  
VLADISLAV YAMPOLSKY   
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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