## L13000125287

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DIVISION OF CORPORATIONS

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9-16-0

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SURPROTE 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

୍ମ 561 ୍314 3956

Name of Person

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

ALBO HOLDINGS, LLC				
. ( <u>Name of the Limited Liabi</u> l (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number L13000125287	Company were filed on 09/04/20	13	_ and assig	med
This amendment is submitted to amend the following				
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:			
The new name must be distinguishable and end with the v.L.L.C."	vords "Limited Liability Company," the c	designation "LLC	or the ab	breviation
Enter new principal offices address, if applicable:				_ <del>≤</del> ∞
(Principal office address MUST BE A STREET AD	DRESS)		ETS ETS	SION
		····		7.5.7 7.8.4.6 1.4.4.1.5
Enter new mailing address, if applicable:				걸음다
(Mailing address MAY BE A POST OFFICE BOX)				A N
				SK
B. If amending the registered agent and/or represent and/or the new registered office a		ords, <u>enter the</u>	name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street addres	rs.	<del></del>
		, Florida		
<del></del>	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** 879 COVENTRY ST MGRM VLADISLAV YAMPOLSKY Add **BOCA RATON, FL 33487** Remove 2000 ISLAND BLVD **MGRM** SUITE, #1609 Remove AVENTURA, FL 33160 Remove Remove Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · —	
: -	
. –	
ed	
	Signature of a member or authorized representative of a member
	VLADISLAV YAMPOLSKY /3 4
	Tuned or neinted name of ciones

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Filing Fee: \$25.00

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