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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALL MAN 2 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:
HECTOR FABIAN ALWANDOZ Name of Person
HECTOR FABIAN ALMANSOZ Firm/Company
1575 LENORAUI APT 1 Address
City/State and Zip Code ALHANDOZ 1609 O GWAIL COST E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HECTOR TABIAN ALWANDO7 at (305) 202 1861 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

ALL HAN 2 LLC			.
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
he Articles of Organization for this Limited Liability Co	ompany were filed on <i>ill 1A</i>	HI BEACH	and assigned
lorida document number <u>L 170000 75436</u>	-		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company here:		
N/A		•	
W/A he flew name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	NA		
Principal office address MUST BE A STREET ADDR	ESS)		
	•		
nter new mailing address, if applicable:		<u> </u>	17
Auiling address MAY BE A POST OFFICE BOX)			
		John John John John John John John John	- - - -
		1773	The state of
. If amending the registered agent and/or regist gistered agent and/or the new registered office addr		r records, enter-t	he name of the
gistered agent and/or the new registered office addr	ess nere:		~ ~ re
Name of New Registered Agent:)/A	, r	
New Registered Office Address:	/		
	Enter Florida s	treet 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** ANBE HECTOR FABIAN ALMONDOZ 🔼 Add MIAKI BEACH 33 139 ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add .∡ ⊟ Remove Ç, ☐ Change **€** Add □ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add

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n effective date is least. If the date is	other than the disted, the date must be aserted in this blocked date on the Dep	be specific and ck does not m	cannot be pri- eet the appl	or to date of icable statu		than 90 days	optional) after filing.) Pur		
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Filing Fee: \$25.00