

L18000005901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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ALLIMPEX, LLC

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February 26, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLIMPEX, LLC
3423 SW 52ND AV
PEMBROKE PARK, FL 33023US

SUBJECT: ALLIMPEX, LLC
REF: L18000005901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H18000062174
Letter Number: 318A00003850

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P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALLIMPEX, 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 01/08/2018 and assigned Florida document number 118000005901.

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 officers address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS) _____

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: _____
New Registered Office Address: _____
Enter Florida Street 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

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C. 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	Name	Address	Type of Action
MGR	OMAR ORTIZ ROJAS	2201 S JACKSON RD APT 44G PHARR TX 78577	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

This amendment is only for add a new member

Dated 02/21/2018

(Signature of a member or authorized representative of a member)

MARKEL SANCHEZ AVILA

(Typed or printed name of signee)

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