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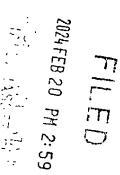
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
	NERAL CONTRACTORS LL	C		
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Alba Rocio Cardona Muri	llo		
		Name of Person		
	ALMA GENERAL CONT	TRACTORS LLC		
	<del>-</del>	Firm/Company	<del></del>	
	6892 SE 112 TH PL			
	<del></del>	Address		
	Belleview FL 34420			
		City/State and Zip Code	<del></del>	
	cardona.rocio1612@gmail.	com to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c		·····,	
Alba Rocio Cardona Mu		813 4010588		
Name of Person		at () Area Code Davti	me Telephone Number	
Name o	T Claum	Alea Gode Day.	me receptions (value)	
Enclosed is a check for the	ne 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 Addres Registration S	<del></del>	Street Address: Registration S	ection	
Division of C		Division of Co	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMA GENERAL CONTRACTORS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Comp.	pany were filed on 10/06/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ALMA CONTRACTOR LLC		
The new name must be distinguishable and contain the words "Limited I	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	S)	
		2021
Enter new mailing address, if applicable:		2
• • • • • • • • • • • • • • • • • • • •		<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)		7
	<del></del>	- <u>''</u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter	the name of the new register
igent and of the new registered office address nere.		
Name of Name Designated Assessed		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
		<del></del>	Change
			□Add
			□Remove
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			□Add
			Remove
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<b></b>	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	February 13 2024 M
	Signature of a member or authorized representative of a member
	Alba Cardona.

Filing Fee: \$25.00