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SECRETARY OF STATE
FALLAHASSEE, FLORID

J. BRYAN

SEP 29 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	ALG HO	LDINGS II, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•	Ho	ward E. Kurzweil, Esq.	
•			
	Ho	ward E. Kurzweil, P.A.	
	101 NF	E Third Avenue, Suite 1500	09 SEP 28 PM 1: 38 SECRETARY OF STATE FALLAHASSEE. FLORID
		Address	P 28
	Ft.	Lauderdale, FL 33301	SEE. PH
		City/State and Zip Code	FLORE STE
	E-mail address: (	urzweillaw@aol.com to be used for future annual report notific	ation)
For further information	concerning this matter, please of	all:	
	d E. Kurzweil, Esq.		15-0100
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)
	LING ADDRESS:	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	LG HOLDINGS II, LLC		
(Name of the Limited I	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	06/19/03	and assigned
Florida document numberL030000224	<del>140</del> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:	<u>.,,</u>	3.0
(Principal office address MUST BE A STREET	ADDRESS)		SP T
Enter new mailing address, if applicable:			SSEE. F
(Mailing address MAY BE A POST OFFICE B	<u></u>		105 :38 105 :38
B. If amending the registered agent and/or registered agent and/or the new registered offi		ur records, enter t	he name of the new
Name of New Registered Agent:	Giovanni D'Arpino		
New Registered Office Address:	1220 Diplomat Parkway	er Florida street add	- Anna
			ress 33019
	Hollywood City	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Ada D'Arpino	1220 Diplomat Parkway	Add		
		Hollywood, Florida 33019	✓ Remove		
<u>MGRM</u>	Giovanni D'Arpino	1220 Diplomat Parkway	Add		
		Hollywood, Florida 33019	Remove		
MGRM	Linda D'Arpino Vazquez	1045 Washington Street			
	,	Hollywood, Florida 33019	Reallove		
<del></del>			Add Remove		
<del></del>		***************************************	Add Remove		
			Add		
D. If am		inge(s) here: (Attach additional sheets, if necessary			
		ed to continue the business of this compan			
,	upon the death of its managing me	ember, Ada D'Arpino.	09 SET		
,			型28		
Dated	Ker	2009 Las Aprin Vegues	PH 1: 38		
Signature of a member or authorized representative of a member  Linda D'Arpino Vazquez					
	Тур	ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00