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**EXAMINER** 



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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALAIMO GROUP,	LLC		
			Art of Inc. File
	<del></del>		LTD Partnership File
		1	Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
,			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	0 = 10 4 10 =		UCC 1 or 3 File
	05/31/12		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

## **COVER LETTER**

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Humberto L. Rodriguez  Name of Person  Gonzalez & Rodriguez  Firm/Company  999 Ponce De Leon Blvd., Suite 1135  Address  Coral Gables, FL 33134  Gity/Stote and Zip Code  B-mail address: (to be used for forure annual report notification)  For further information concerning this matter, please call:  Humberto L. Rodriguez  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:    \$255.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status   \$Certified Copy (additional copy is enclosed)    MAILING ADDRESS: Registration Section   Right Stote of Copporations   \$Certified Copy (additional copy is enclosed)   \$Certified Copy (additional copy is enclosed)	10;	Division of Cor				E HALL
Name of Limited Liability Company  The enclosed Articles of Amendment and feet(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Humberto L. Rodriguez  Name of Person  Gonzalez & Rodriguez  Firm/Company  999 Ponce De Leon Blvd., Suite 1135  Address  Coral Gables, FL 33134  City/State and Zip Code  E-mail address: (to be used for farmer annual report notification)  For further information concerning this matter, please call:  Humberto L. Rodriguez  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:    Section   Section   Section   Section   Section   Section   Division of Corporations    STREET/COURIER ADDRESS:   Registration Section   Division of Corporations	SURIE	·CT·	Alaim	o Group. LLC		ر المراقع ن
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Gonzalez & Rodriguez  Firm/Company  999 Ponce De Leon Blvd., Suite 1135  Address  Coral Gables, FL 33134  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Humberto L. Rodriguez at ( 305 ) 461-4880.  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee 330.00 Filing Fee & Certificate of Status  Certificate of Status Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations		. •	· · · · · · · · · · · · · · · · · · ·			<del></del>
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Tallahassee, FL 32301			-, · · - <del>·</del> ·			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Alaimo Group, LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liabi	lity Company	were filed on _	May 31, 2007	and assigned
Plorida document number L0700005725	59			
his amendment is submitted to amend the following		•		
ms anchanche is submitted to amend the following	· · · · ·			
A. If amending name, enter the new name of th	e limited lial	oility company l	i <u>ere</u> :	
. Alaimo	Group Ma	nagement, LL	C. S.	
he new name must be distinguishable and end with the	ne words "Lim	ited Liability Con	ipany," the designation "I	LC" or the abbrevi
L.L.C."				
Enter new principal offices address, if applicabl	e:	2801 SW 3	rd Avenue	
Principal office address MUST BE A STREET A	(DDRESS)	Miami, Flor	ida 33129	
	,		,	
Inter new mailing address, if applicable:		2801 SW 3	rd Avenue	
	, .	Miami, Flor	**	
Mailing address MAY BE A POST OFFICE BO	<u>· X)</u>	ivilarii, i ioi	ida 33123	
	٠			
3. If amending the registered agent and/or	manintanad at	Maa nddwasa ar	our roopeds ontar t	he name of the
egistered agent and/or the new registered office			i our records, emer t	ile maine of the
		<del>-</del> ··		• , , ,
Name of New Registered Agent:	Gonzalez &	. Rodriguez, F	PL	
	000 Danas	Dallas Blud	Suito 1125	
New Registered Office Address:	999 Ponce	De Leon Blvd	, Suite 1135 Enter Florida street add	race
		• .	ismer rustaa sireeraaa	
	C	oral Gables	, Florida	33134
		City .		Zip Code

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 108, F.S. Or, if this document is being filed to mercly reflect a change in the registered office address, I berek y Soffirm 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 = Mai	naging Member		
Title	<u>Name</u>	Address	Type of Action
MMGR	Calogero Alaimo	2801 S.W. 3rd Avenue Miami, FL 33129	Add
	÷		 ∏ Add
,			Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add
, , , , , , , , , , , , , , , , , , , ,			— <u> </u>
			Remove
·			
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	<del>-</del> :
·	· .		<del></del>
-			<u> </u>
Dated	May 31 , 201		
		erto L. Rodriguez	
	Typed or	printed name of signee	• .

Page 2 of 2

. Filing Fee: \$25.00