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DIVISION GE CORPORATION

T. HAMPTON

APR 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	ALM	A 1211, LLC			
	Name of Limi	ited Liability Company			
	Amendment and fee(s) are sub	_			
		Isaac Benmergui			
		Name of Person			
Law Office of Isaac Benmergui, P.A.					
		Firm/Company			
1111 Kane Concourse, Suite 603					
		Address	4- 		
	Bav Ha	urbor Islands, Florida 33154			
City/State and Zip Code					
	gaonlaw@gmail.com E-mail address: (to be used for future annual report notification)				
			eation)		
For further information c	concerning this matter, please of	eall:			
lsaa	ac Benmergui		397-8547		
Name o	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for the	he 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 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

Al	ma 1211, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	s on our records.)	
,	·, ·, · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability	Company were filed on	1/15/10	and assigned
Florida document numberL1000005416			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	:	
The new name must be distinguishable and end with the we	ords "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
			2× × ×
			APR
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	-	<u>~ g≅</u> €
		<u> </u>	₹ \$98
			# 2 S
B. If amending the registered agent and/or regi	stered office address on o	ur records, enter	the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	,	NS.
			· 'm
Name of New Registered Agent:			
New Registered Office Address:			
The registered Street radies.	Ent	er Florida street add	dress
		, 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 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 Alfredo LaFuente 9225 Collins Avenue ☑ Add ☐ Remove Unit 1211 Surfside Florida 33154, USA ☐ Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Signature for Alma /211, LC. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00