

L10 0000 47143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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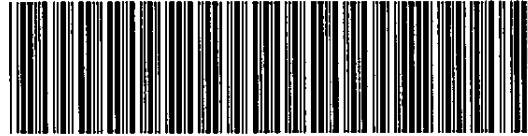
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.500000 MAY 01 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

ALGAE TO ACOUSTIC TECHNOLOGIES, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raphael Dominguez

Name of Person

Algae to Omega Holdings, Inc.

Firm/Company

5079 N Dixie Highway, Unit 329

Address

Oakland Park, FL 33334

City/State and Zip Code

info@algae2omega.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raphael Dominguez

954 790-8674

at (_____) _____

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) |
|--|--|--|--|

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

ALGAE TO ACOUSTIC TECHNOLOGIES, LLC

The Articles of Organization for this Limited Liability Company were filed on 05/03/2010 and assigned
Florida document number L10000047143.

Page 1 of 3

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

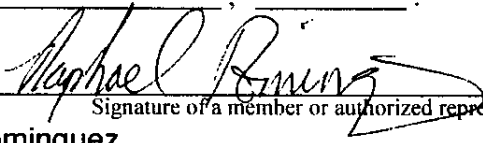
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 22 2015



Signature of a member or authorized representative of a member

Raphael Dominguez

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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