

L11000062224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

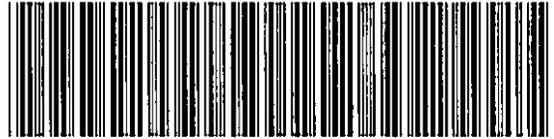
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700318487437

09/24/18--01033--021 **25.00

2018 SEP 24 AM 11:48
SECRETARY OF STATE
STATE OF TEXAS
401 TRAVIS ST. 77002

FILED

M. MILLIGAN
SEP 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Altea Group LLC
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:

Gregory Pillon
Name of Person

Firm/Company

6157 NW 167 St # F21
Address

Miami FL 33015
City/State and Zip Code

greg.pillon1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Pillon at (954) 825 6325
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2010 SEP 24 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 5/26/11 and assigned
Florida document number L11000062224.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, 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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alicia B Perez	1549 NE 123 St	<input checked="" type="checkbox"/> Add
		N. Miami, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Humberto D Lanzavecchia	1549 NE 123 St	<input checked="" type="checkbox"/> Add
		N. Miami FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Gonzaga Holding Limited	Palm Grove House	<input type="checkbox"/> Add
		PO Box 438	<input checked="" type="checkbox"/> Remove
		Road Town, Tortola, VG ¹¹¹⁰	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 13, 2018.

Handwritten signatures of Alicia B. Perez and Humberto D. Lanza Vecchia over a signature line.

Signature of a member or authorized representative of a member

Alicia B. Perez, Humberto D. Lanza Vecchia
5070 owner / director, 5070 owner / director

Typed or printed name of signer

DEPARTMENT OF STATE
ASST. SEC. GEN.

2018 SEP 24 AM 11:48

FILED