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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Sect Division of Corpo		`	v ·	
SUBJECT: ALMA-ATA HOLDINGS, LLC  Name of Limited Liability Company					
					The end
Please 1	return all correspond	dence concerning this matter	to the following:		
		RICHARD DUARTE, ESQ.			
•			Name of Person		
	RICHARD DUARTE, P.A.			<del></del>	
	Firm/Company				
	4000 PONCE DE LEON BOULEVARD, SUITE 470				
			Address		
	CORAL GABLES, FL 33146				
	City/State and Zip Code				
			RICHARDDUARTE.CO to be used for future annual report		
For furt	her information con	cerning this matter, please of	call:		
		DUARTE, ESQ.	at ( 305 )	444-6501	
Name of Person		Area Code & Da	ytime Telephone Number		
Enclose	d 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 encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrati	G ADDRESS: on Section of Corporations	STREET/CO Registration S Division of Co		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMA-ALTA HOLDINGS, LLC

( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears of da Limited Liability Company)	n our reco <u>rds.</u> )	
The Articles of Organization for this Limited Liability Florida document number L12000018592		RUARY 08, 2012 and assigned	
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:		
. ALMA-	ATA HOLDINGS, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:		- B	
(Mailing address MAY BE A POST OFFICE BOX)		SEE 9	
	<u> </u>	0214 0214 321	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	au.	, 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 **Type of Action** Title <u>Name</u> <u>Address</u> ☐ Add Remove 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.) FEBRUARY 08 2012 Signature of a member or authorized representative of a member RICHARD DUARTE, ESQ. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00