## U120000 78407

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DIVISION OF CONTURNATION

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	ALMIGE L	LC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Walter Wainstein		
			Name of Person	
		Walter Wainstein, PA		
			Firm/Company	<del></del>
		7401 Palomino Dr Apt 1	17	
			Address	
		Hollywood, FL 33024		
			City/State and Zip Code	
		wwainstein@hotmai.com		
Ean Gudhan i	- foation		to be used for future annual repo	ort notification)
		oncerning this matter, please ca		
Walter Wainstein			786 399-0 at ()	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section on of Corporations	Registration	OURIER ADDRESS: Section Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMIGE LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 06/12/2012	and assigned
Florida document number L12000078407		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE NATES
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
		25
		ORIF :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<b>.</b>
		<del></del>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u> </u>
	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>	Address	Type of Action
MGR	Walter Wainstein	7401 Palomino Dr Apt 117	<b>∃</b> Add
		Hollywood, FL 33024	□ Remove
			Change
MGR	Alfredo G Doradillo	7401 Palomino Dr Apt 117	
		Hollywood, FL 33024	■ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
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. Effective date, if other than the date (If an effective date is listed, the date must be specified).	pecific and cannot be pri	or to date of filing or m	ore than 90 days after filit	ng.) Pursuant to 60	5.020
Note: If the date inserted in this block d document's effective date on the Depart	loes not meet the appl	icable statutory filing	g requirements, this da	te will not be lis	ted a
document personal date on the personal					
the record specifies a delayed effo	ective date, but r	not an effective t	me, at 12:01 a.m	n. on the earl	ier o
o) The 90th day after the record	is filed.				
June, 14th	2018				
Dated		July -			
	\				
	atura of a mambar	thorized representative	of a member		

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Filing Fee: \$25.00