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TALLAHASSEE, FL

NUG 05 2019 C Kinsey

COVER LETTER

TO:	Registration Se Division of Cor			
eunu	ALLMERO	CO LLC		•
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LILIANA MARITZA		
			Name of Person	
			Firm/Company	
		P.O BOX 692605		
		ORLANDO FL 32819	Address	
		allmerco@liliananino.com	City/State and Zip Code	• 11
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all;	
Ernest	o Pirela		786 4104770 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$ 2.	5.00 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

ΔU	M01(0	112		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	ı our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on <u>U</u>	1313012	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company here;		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:			2019 JUL 30
(Principal office address MUST BE A STRE	ET ADDRESS)			
				30 -
Enter new mailing address, if applicable:				ASSEH.
(Mailing address MAY BE A POST OFFICE	E BOX)			4: 2
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address he			he name of the new
	11402 NW 41	ST SUITE 210		
New Registered Office Address:	<u> </u>	Enter Florida	street address	
	DORAL		, Florida 3317	18
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registers being filed to merely reflect a change in the company has been notified in writing of this	ner and complete istered agent as registered office s change.	performance of my provided for in Chap address, I hereby c	duties, and I am fa pter 605, F.S. Or, if confirm that the limi	miliar with and This document is ted liability
	If Cha	nging Registered Agent.	Signature of New Regi	stered Agent

Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
		-	Change
			D Add
			□ Remove
			Change

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an effecti	e date, if other than the date of filing:
	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	July 19. 2019.
	Jako Jako
	Signature of a member or authorized representative of a member
	LILIANA NINO

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Filing Fee: \$25.00