

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filina Officer:			
	JUL - 3 Z A. LUN			

Office Use Only





COVER LETTER

UBJECT: ALM	IAR TECHNOLOGY LLC
BJEC1:	Name of Limited Liability Company
e enclosed Articles	of Amendment and fee(s) are submitted for filing.
ease return all corres	pondence concerning this matter to the following:
	ALVARO PATINO
	Name of Person
	HISPANIC FINANCIAL TAX SERVICES INC
	Firm/Company
	7401 WILES RD, SUITE 126
	Address
	CORAL SPRINGS, FL 33067
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further information	a concerning this matter, please call:
ALVARO	PATINO _{at} 954 5093745
Name	e of Person Area Code & Daytime Telephone Number

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■\$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number L1200084861	Company were filed on 06/28.	/2012	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,"	the designation "LLC	or the abbrevia	_ tion
Enter new principal offices address, if applicable:		E		<u>.</u>
(Principal office address MUST BE A STREET ADDR	RESS)		8 =	· -
Enter new mailing address, if applicable:		FLOXIII	PH B C	_
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the	name of the r	- <u>1ew</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		_
New Registered Office Address:	Enter F	lorida street addres.	s	_
		, Florida		
	City		Zip Code	_

New Registered Agent's Signature, if changing Registered Agent:

ALMAD TECHNOLOGY LLC

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALBERTO P. MANCUSO	7401 WILES RD STE 126	Add
		CORAL SPRINGS, FL 33067	Remove
MGRM	AUGUSTO MANCUSO	7401 WILES RD STE 126	Add
		CORAL SPRINGS, FL 33067	Remove
MGRM	CARLOS D. TORTAROLO	7401 WILES RD STE 126	Add
		CORAL SPRINGS, FL 33067	Remove
		······································	Add _
			Remove
		OF A DA	_ k
	•		Remove
			Remove

). If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
ated JUNE 12	2013
A //	
ARCASO	AMPACO . member or authorized representative of a member
MARCELO ZAMPARO	encinoer of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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