4/3000/3585/

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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December 11, 2013

JOSE ALMONTE 7859 SAGEBRUSH PL ORLANDO, FL 32822

SUBJECT: JOSE ALMONTE REALTY LLC

Ref. Number: L13000135851

We have received your document for JOSE ALMONTE REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 613A00028183

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: 1054	É Al 770NT4 Name of Limit	REBUTY LLC led Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	JOSE AT	MONTQ Name of Person			
		Firm/Company			
	7859 SAGO	EBRUSH KIL			
		Address			
	ORIANDO	City/State and Zip Code 1950 Antwork Coo o be used for future annual report notification			, , ,
	,	City/State and Zip Code		主 作。	erar race
_	Jose almonta	1950 @ hotzzzaic. Co	70)	SE P	pront.
	E-mail address: (to	o be used for future annual report notification	on)		
For further information cond	cerning this matter, please ca	all:		25	
9020 Alm101	16	at (407) - 209 9/8 9	7	<u> </u>	
Name of Pe	erson	Area Code & Daytime Tel	lephone Number		
Enclosed is a check for the f	following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

JOSE A IMONIE	HEALTY L	<u>lc</u>			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now app da Limited Liability Compan	oears on our r y)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number <u>L130001358</u>	ty Company were filed on _	9/26	12013	and as	signed
This amendment is submitted to amend the following	j.				
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :			
JOSE ALMONTEL	1.C.				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	mpany," the de	esignation "L	LC" or the	abbreviatio
Enter new principal offices address, if applicable:		~	γ.		
(Principal office address MUST BE A STREET AL	ODRESS)				
				: 1-2	
Enter new mailing address, if applicable:			# ***** 	2013 DEC	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		() ()	# 28 E	Library and
			[1] Tr.	·	173
			(a)		, many
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our recor	ds, <u>enter t</u>	he name	of the nev
registered agent and/or the new registered office	address here.				
Name of New Registered Agent:		N	P		
New Registered Office Address:					
		Enter Florid	a street add	ress	
		······································	Florida		
	City			Zip Coa	le

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 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

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			
			Add
			Remove
			_
<u> </u>			
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		211a) 12g - 1 1a)	F. C. Add
			Add
			_ L Remove
			Add
			_ Remove
			_
-			Add
			Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	12/16/13
	Loss Almost
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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