

L13000155921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

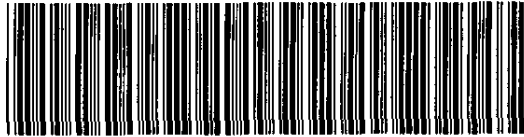
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2015

CESAR ALEJANDRO MARTINEZ  
110 SE 2ND STREET, STE 312  
HALLANDALE BEACH, FL 33009

SUBJECT: ALOCONNECT US, LLC  
Ref. Number: L13000155921

RECEIVED  
15 MAY 26 PM 4: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALOCONNECT US, 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

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TALLAHASSEE, FLORIDA

Deborah Bruce  
Regulatory Specialist II

Letter Number: 715A00010085



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2015

CESAR ALEJANDRO MARTINEZ  
110 SE 2ND STREET, STE 312  
HALLANDALE BEACH, FL 33009

SUBJECT: ALOCONNECT US, LLC  
Ref. Number: L13000155921

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

Deborah Bruce  
Regulatory Specialist II

Letter Number: 615A00008300

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REGISTRATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALOCONNECT US, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CESAR ALEJANDRO MARTINEZ**

Name of Person

**ALOCONNECT US, LLC**

Firm/Company

**110 SE 2nd Street Suite 312**

Address

**HALLANDALE BEACH, FL 33009**

City/State and Zip Code

**cesaralejandro184@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Cesar A. Martinez**

Name of Person

at **786** **502-1106**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ALOCONECT US, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 5, 2013 and assigned Florida document number L13000155921.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**ELECTROMAX, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

110 SE 2nd Street

Suite 312

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

110 SE 2nd Street

Suite 312

Hallandale Beach, FL 33009

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Cesar Alejandro Martinez

New Registered Office Address:

110 SE 2nd Street, STE 312

Enter Florida street address

Hallandale Beach

City

Florida

33009

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.*

Cesar Alejandro Martinez  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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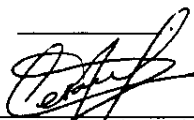
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

Cesar Alejandro Martinez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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