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COVER LETTER

TO:	Registration Sec Division of Corp			
~ .	ALMA GRO	OUP, LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	adence concerning this matter	to the following:	
		Valerie Barnhart, Esq.		
			Name of Person	
		Perera Barnhart, P.A.		
			Firm/Company	
		12555 Orange Drive, Seco	nd Floor	
			Address	
		Davie, Florida 33330		
			City/State and Zip Code	
		valerie@pererabamhart.com		
		E-mail address: (to be used for future annual report noti-	fication)
For fu	rther information co	oncerning this matter, please co	all:	
Valer	ie Barnhart, Esq.		786 485-5232	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	e following amount:		
≅ \$2	25.00 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:

TO:

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

ALMA GROUP, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited L	iability Company	were filed on 9/19/2014	and assigned
lorida document number L14000146740	,		
his amendment is submitted to amend the following	owing:		
. If amending name, enter the new name o	f the limited liab	oility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
inter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	TADDRESS)		<u> </u>
			<u> </u>
inter new mailing address, if applicable:		PO Box 452436 Miami, FL 33245	
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)		
			Φ · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and egistered agent and/or the new registered of	• • •	_	er the name of the
egistered agent and/or the new registered of	ince address ner	<u>v</u> .	
Name of New Registered Agent:	Valerie Barnha	irt, Esq.	
New Registered Office Address:	12555 Orange	Drive, Second Floor	
		Enter Florida street address	
	Davie	Florida	33330
		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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AŁLAN VALDES	PO Box 452436 Miami, FL 33245	
			☐ Remove
			☐ Change
MGR	MARIO ALVAREZ	PO Box 452436 Miami, FL 33245	🗖 Add
			Remove
			Change
			□ Add
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fective date, if oth n effective date is listed to the date inserted the date inserted the date inserted to the da	i, the date must be spe ted in this block do	es not meet the ap	plicable statuto	ing or more than 90 ry filing requiren	(optional) days after filing. nents, this date	Pursuant to	605.02 isted
record specifies The 90th day aft	a delayed effection and is	ctive date, but filed.	not an effec	tive time, at	12:01 a.m. (on the ea	rlier
ted July 9		2019		$\mathcal{C}_{\mathcal{X}}$			

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