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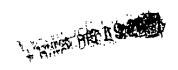
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SECRETARY OF STATE



COVER LETTER

TO: Registration So Division of Co					
Almanza	ar Business Group LLC.				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Luis Almanzar				
		Name of Person	<u> </u>		
	Almanzar Business LLC				
		Firm/Company			
	1431 Red Apple Ln				
		Address			
	West Palm Beach, F	FI 33415			
	anluzyangel@hotma	City/State and Zip Code il.com			
	E-mail address: (1	to be used for future annual report notif	cation)		
For further information of	concerning this matter, please ca	all:			
Luis Almanzar		561 317-1438			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$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:

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

TO ARTICLES OF ORGANIZATION OF

Almanzar Business LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our re- ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	l 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	<u></u>	 4
		14 SEC
		DEC AREI
Enter new mailing address, if applicable:		100 TO
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		STATE CORIO
		25 F.O
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:		and the constraints of the const
New Registered Office Address:	Every El - 1	u
	Enter Florida street ad	aress
	City	Florida
	City	zip Coae

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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Almanzar, Luis	1431 Red Apple Lane	
		West Palm Beach, Fl. 33415	
			Remove
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			Add
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Effective date, if other than the	date of filing:	(optional)
The effective date must be specific, canr the date this document is filed by the Fl	ot be prior to date of receipt or filed date and cannot be me	ore than 90 days after
Dec. 11	2014	
Dated		
duis mil	mayer.	
	Signature of a member or authorized representative of a	member
Luis Almanzar		
	Typed or printed name of signee	2
		ASS.
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Page 3 of 3

Filing Fee: \$25.00