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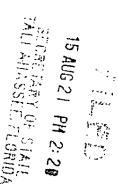
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	:
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COVER LETTER

TO: Registration Se Division of Cor		» '		
Alganap G	roup, LLC			
SUBJECT:	<u> </u>	nited Liability Company	·····	
				ş.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Carl A. Gambino, JR			
•		Name of Person		
Algar	Alganap Group, LLC			
of the tier.		Firm/Company		
	222 Andalusia Drive			٠, .
		Address		
	Palm Beach Gardens, Flor	rida 33418		
		City/State and Zip Code		
	lindag@beaconaccounting.			
	E-mail address: (to be used for future annual report notifi	cation)	,
For further information of	oncerning this matter, please c	all:	• . •	,
Carl A. Gambino, Jr.		561 676-5093		
Name o	f Person		Telephone Number	
-				
Enclosed is a check for the	ne 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 Fe Certificate of S Certified Copy (additional copy is	tatus &
. Same hill 1879				

' MAILING ADDRESS:

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

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

³ If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael V. D'Antuono	396 Bryson Avenue - Staton Island, ハイ 10314	X Add
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Filing Fee: \$25.00