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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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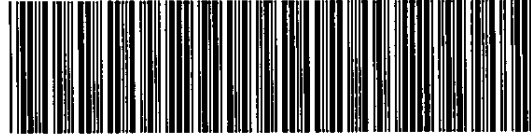
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 12 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Almasude 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:

JoAnna Almasude

\_\_\_\_\_  
Name of Person

Almasude LLC

\_\_\_\_\_  
Firm/Company

8109 Kiawah Trace

\_\_\_\_\_  
Address

Port St. Lucie, FL 34986

\_\_\_\_\_  
City/State and Zip Code

almasude@gmail.com

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

For further information concerning this matter, please call:

JoAnna Almasude

407

446-9944

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almasude 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 9/28/2015 and assigned  
Florida document number L15000168560.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

8609 Kiawah Trace  
Enter Florida street address  
Port St. Lucie, Florida 34986  
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

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**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>	<u>Address</u>	<u>Type of Action</u>
MGR	JoAnna Almasude	8109 Kiawah Trace, Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amar Almasude	8109 Kiawah Trace, Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Julian Almasude	158 SW Peacock Blvd. #106, Port Saint Lucie, FL 34986	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JoAnna Petti-Almasude		<input type="checkbox"/> Add
		8109 Kiawah Trace, Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amar Almasude		<input type="checkbox"/> Add
		8109 Kiawah Trace, Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Julian Petti-Almasude		<input type="checkbox"/> Add
		158 SW Peacock BLVD. 30-106, Port Saint Lucie, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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.) Pursuant to 805.0207(3)(b),  
will not be listed as the

Dated November 5, 2015

JoAnna Almasude

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**Filing Fee: \$25.00**