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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor	rporations		···
CUDIDATE.	ALMISO USA, LLC	,	•
SUBJECT:	ALMISO USA, LLC Name of Limited Liability Company as of Amendment and fee(s) are submitted for filing. The sepondence concerning this matter to the following: MARIO SZWARC Name of Person ALMISO USA, LLC Firm/Company 8855 Collins Avenue # 3G Address SURFSIDE FL 33154 City/State and Zip Code szwmario@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: 1786 Area Code 1885 3845 The of Person Area Code Daytime Telephone Number for the following amount:		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		MARIO SZWARC	
		ALMISO USA, LLC	
		Firm/Company	
	88.	55 Collins Avenue # 3G	
		Address	
	S	URFSIDE FL 33154	
	SZV		
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information o	concerning this matter, please ca	il:	
MARIO SZWARC			
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:

TO:

Registration Section

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

USA, LLC	
y Company as it now appears on our records Limited Liability Company)	
ompany were filed on	and assigned
ted liability company here:	
ted Liability Company," the designation "LLC"	or the abbreviation (L.L.C."
ESS)	F = 1
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ered office address on our records.	. enter the name of the
ress here:	
Enter Florida street address	
,	orida Zip Code
	y Company as it now appears on our records Limited Liability Company) ompany were filed on

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JUAN M. SZWARC	8855 Collins Ave # 3G SURFSIDE FL 33154	B Add
			□ Remove
			Change
AMBR	JEANNETTE BRAUN SZWARC	8855 Collins Avenue # 3G SURFSIDE FL 33154	Add
			Remove
			Change
			Remove
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		08/27/20	19			
r effective da te: If the c	te, if other than the date are is listed, the date must be splate inserted in this block diffective date on the Departi	occific and cannot be prior oes not meet the applic	table statutory file	more than 90 days af	tional) der filing.) Pursuant to his date will not be	605.020 listed a
record s he 90th	pecifies a delayed effe day after the record i	ective date, but no s filed.	ot an effective	time, at 12:01	. a.m. on the \mathbf{e}_i	arlier d
tod	August 27	2019				
		iture of a momber or auth		 ;		_