L16000073183

(Requestor's Name)	
(Address)	
(Address)	
,	
(6) (6) (7)	^
(City/State/Zip/Phone #	‡)
(Address) (City/State/Zip/Phone #)	MAIL
(Business Entity Name	e)
	,
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer	
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COVER LETTER

TC	D: Registration S Division of Co			
SU	BJECT:	Almar Homes Group LLC		
			nited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Ple	ase return all correspo	ondence concerning this matter	to the following:	
		Alex N		
			Name of Person	
		Almai	r Homes Group LLC	
			Firm/Company	
		1365 P	iazza Pitti	
			Address	
		Boynto	on Beach, FL 33426	
			City/State and Zip Code	cation)
		mover	mealex@gmail.com (to be used for future annual report notific	
				cation)
For	further information of	concerning this matter, please c	all:	
_	Alex Novikov		at (561) 201-6881	2: 3
	Name o	f Person	Area Code Daytime	Telephone Number
En	closed is a check for t	he following amount:		
33	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almar Homes Group LI	LC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary Florida document number L16000073183	ompany were filed on04/13/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		:
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		P
<u></u>		AHE SEP
New Registered Office Address:	Enter Florida street address	2 2
· · · · · · · · · · · · · · · · · · ·	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered) 2: 3:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence of the obligations of my position as registered at being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and gent as provided for in Chapter 605, F. ed office address, I hereby confirm that	I am familiar with and S. Or, if this document is

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>	Address	Type of Action
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		PEMBROKE PINES, FL 33025	Remove
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		_	□ Add
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Typed or printed name of signee

Filing Fee: \$25.00