

COVER LETTER

**TO: Registration Section
Division of Corporations**

ROQUES PINAR LLC

SUBJECT: _____
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:

MARIANNE CANERO

Name of Person

ROQUES PINAR LLC

Firm/Company

2650 HILOLA STREET

Address

MIAMI FL 33133

City/State and Zip Code

marianne@alrnacommunity.com

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

For further information concerning this matter, please call:

MARIANNE CANERO

786 301-4433

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)

W18-28783

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

NO \$

RECEIVED
2018 MAR 22 AM 11:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROQUES PINAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 APR -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/2/16 and assigned
Florida document number L16000107071.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALMA COMMUNITY LLC

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)

1101 BRICKELL AVE

SUITE 700

MIAMI FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1101 BRICKELL AVE

SUITE 700

MIAMI FL 33131

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:

MARIANNE CANERO

New Registered Office Address:

1101 BRICKELL AVE SUITE 700

Enter Florida street address

MIAMI

Florida 33131

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

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	MARIANNE CANERO	2650 HILOLA STREET	<input type="checkbox"/> Add
		MIAMI FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
18 APR - PM 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
APR - 9 PM 3:50
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK
18

3/19/18

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated


Signature of a member or authorized person

Signature of a member or authorized representative of a member

Marianne Canero

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2018

ROQUES PINAR LLC
MARIANNE CANERO
2650 HILOLA ST.
MIAMI, FL 33133

SUBJECT: ROQUES PINAR LLC
Ref. Number: L16000107071

We have received your document for ROQUES PINAR LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00005942

RECEIVED
APR 09 2018