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| (Re | questor's Name) | |
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| (Cit | :y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | egistration Sectivision of Corp | | | |
|--------------|---------------------------------|---|---|--|
| SUBJECT | | LDERS LLC | | |
| SOBOLOT | | Name of Limit | ted Liability Company | |
| The enclose | ed Articles of z | Amendment and fee(s) are subr | nitted for filing. | |
| Please retur | rn all correspoi | ndence concerning this matter t | o the following: | |
| | | MANUEL PRADAS | | |
| | | • | Name of Person | |
| | | GAM SERVICES | | |
| | | | Firm/Company | |
| | | 1820 N CORPORATE LAI | KES BLVD SUITE 206-10 | |
| | | | Address | |
| | | WESTON, FL 33326 | | |
| | | | City/State and Zip Code | |
| | | mp.gamservices@gmail.con |) o be used for future annual report notific | ation |
| For further | information co | oncerning this matter, please ca | · | arkin) |
| | PRADAS | ~ . | 954 217 0223 | |
| | Name of | Person | at () Area Code Daytime T | clephone Number |
| Enclosed is | s a check for th | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALOM BUILDERS LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liability</u> (A Florida) | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number L17000110063 | ompany were filed on 05/18/2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted ljability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or | the abbreviation L.L. CSC |
| Enter new principal offices address, if applicable: | | 957 |
| (Principal office address MUST BE A STREET ADDRI | <u>ESS)</u> | 9 PM 3 |
| Enter new mailing address, if applicable: | | : 09 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | nter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Floric | |
| | Cuy | 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> | Type of Action |
|--------------|-------------------|---------------------------------------|----------------|
| MGR | ANINA LUGO MILORD | 172 RIVERA CICLE | Add |
| | | WESTON, FL 33326 | Remove |
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| Effec | tive date, if other than the date of filing: | | |
| Note: | Hective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant in the late inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records. | e liste | d as t |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earth of the second is filed. | arlie | r of: |
| Data | JULY 14th, 2018 | | |
| 17.116.6 | \ | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00