117000 126219

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

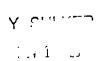
Office Use Only



800335814738

10/22/19--01012--020 **25.00

SECRETARY OF STATE



COVER LETTER

TO:	Registration Se Division of Cor		,	•
CHDD	ALMARO	LLC	•	
SUBJI	ECI:	Name of Lini	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Radu Oboroc		
			Name of Person	
		ALMARÓ LLC		
			Firm/Company	
		1767 Lakewood Ranch Bh	vd, unit#356	
			Address	
		Bradenton, FL 34211		
		almaro.store@gmail.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notifi	cation)
For fur	rther information c	oncerning this matter, please ca	all:	
Radu (Oboroc		347 762-6762 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$ \$2	5,00 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

ALMARO ELC		
(<u>Name of the Limited Liabl</u> (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 06/08/2017	and assigned
Florida document number L17000126219	<u>_</u> .	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Organization for this Limited Liability Company were filed on 1 117000126219 It is submitted to amend the following: In name, enter the new name of the limited liability company here: It be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" cipal offices address, if applicable: It is address MUST BE A STREET ADDRESS) In address MUST BE A STREET ADDRESS) In address if applicable: In address MUST BE A POST OFFICE BOX) In address on our records, enter the name of the new tand/or the new registered office address here:	
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		TPS IS TO
Enter new mailing address, if applicable:		2 2 m
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
R If amanding the registered agent and/or music	or and a community of the community of t	
registered agent and/or the new registered office add		, enter the name of the nev
		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	•
		orida
	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>	Type of Action
MGR	Olga Oboroc	650 Rosemary Cir, Bradenton, FL 34212	
			
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change

			·
			
			
	_		·
			
	11/1/2019		
ective date, if other than the	date of filing:	(0	ptional)
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to c	date of filing or more than 90 days a statutory filing requirements	ofter filing.) Pursuant to 605.02 this date will not be listed.
nument's effective date on the De	partment of State's records.	- · · · · · · · · · · · · · · · · · · ·	The take with the be track
record specifies a delayed he 90th day after the reco	effective date, but not a ord is filed.	in effective time, at 12:0	1 a.m. on the earlier
ed October 17, 2019	. 2019		
	1		•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00