

L18000105101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

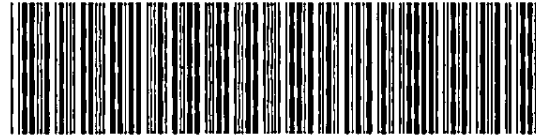
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Fayline requested we
change the address on
form. dec 11/17/20
and RA address.

Office Use Only



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10/19/20--01015--013 4:03 PM

20 OCT 13 PM 12:40

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS

Amend / Name Change

NOV 17 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIMO PARTNERS LLC
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:

FAYLINE W. GUYEN
Name of Person

LIMO PARTNERS LLC
Firm/Company

215 N. New River Dr. E, Ste 1940
Address

FT. LAUDERDALE FL 33301
City/State and Zip Code

FAYLINE@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAYLINE W. GUYEN at (239) 529 7030
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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
20 OCT 13 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

DUVO PARTNERS LLC

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

RECORDED
20 OCT 13 PM 1:40
STATE OF FLORIDA
DEPT. OF REVENUE

The Articles of Organization for this Limited Liability Company were filed on 4/26/18 and assigned
Florida document number 4100010455101.

This amendment is submitted to amend the following:

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

ALLEGiant GROUP 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)

121 NE 3 St.

Suite 52309

Ft Lauderdale FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

121 NE 3 St.

Suite 52309

Ft Lauderdale FL 33301

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:

New Registered Office Address:

121 NE 3 St., Suite 52309

Enter Florida street address

Ft Lauderdale Florida 33301

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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

TAYLOR, NGUYEN
Typed or printed name of signee

Filing Fee: \$25.00