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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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AMART, TECHO

FEB 0 9 2019 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Almonte 9 Name of Limi	Elechic // Company	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	J.	Name of Person	
		She E C	
	6770	TAPT STARE	
		Address	
	Westvi Ecos E-mail address: (1	City/State and Zip Code Montenel Al Value o be used for future annual report notifie	ration)
For further information cor	ncerning this matter, please ca		
Jose Name of I	Vasque Z Person	at (<u>554</u>) <u>605</u> - Area Code Daytime	757-3 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almonte Elec	Inica III	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u> </u>	l	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		
		75
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E T
<u>, </u>		-
B. If amending the registered agent and/or registered of		r the name of the new
registered agent and/or the new registered office address here	:	22
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Name	Address	Type of Action
AMBR	ALMONK ISMALK	1270 NEG AVE	
		1270 NBG AVE Hollywns, Pl 33021	Remove
			Change
MGR	Almonk BHARI De	1270 N S9 AVE Holkand Pl 33021	^ Add
		Holkand pl 33021	Remove
			□ Change
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f an effective da <u>Note:</u> If the d		must be specific a is block does no	ind cannot be prior t meet the applic	to date of filing or m	iore than 90 d	_ (optional) lays after filing.) Pursuant to 605.6 ents, this date will not be listed	
ne record sp	ecifies a dela day after the			t an effective t	ime, at 1	2:01 a.m. on the earlie	r of
The 90th	1/30/19		L. L.				

Page 3 of 3

Filing Fee: \$25.00