

L 190000-82083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

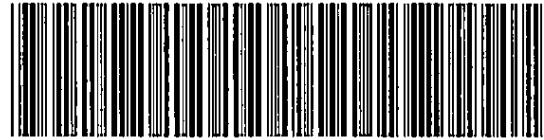
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700363639467

04/08/21--01006--027 **25.00

04/08/21--01006--028 **30.00

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S.C.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Almonte Electrical Solutions, 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:

Angelo Almonte
Name of Person

Almonte Electrical Solutions, LLC
Firm/Company

7810 Carriage Pointe Dr.
Address

Gibsonton, FL 33534
City/State and Zip Code

Ing.juan_almonte@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelo Almonte at (813) 451-0894
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

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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	Angelo Almonte	7810 Carriage Pointe Dr.	<input type="checkbox"/> Add
		Gibsonton, FL 33534	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 01/01/2021 (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 April 1, 2021

Handwritten signature of Angelo Almonte

Signature of a member or authorized representative of a member

Angelo Almonte

Typed or printed name of signer

Filing Fee: \$25.00

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DEPARTMENT OF NATURALIZATION

No. 41596467

CERTIFICATE OF NATURALIZATION

2021 APR -8 A

USCIS Registration No. A065 504 660

Person's description of holder
as of date of naturalization:

Date of birth: DECEMBER 31, 1990

Sex: MALE

Height: 5 feet 06 inches

Marital status: MARRIED

Country of former nationality:
DOMINICAN REPUBLIC

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security,

at: TAMPA, FLORIDA

The Secretary, having found that:

ANGELO ALMONTE

residing at:

GIBSONTON, FLORIDA

having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

US DISTRICT COURT, MIDDLE DISTRICT FL.

at: TAMPA, FLORIDA

on: JULY 02, 2020

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

Ken C II



PHOTOGRAPH TAKEN AT THE OFFICE OF THE
ATTORNEY GENERAL AND PRINTED HEREON

DEPARTMENT OF NATURALIZATION



Petition for Name Change
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form N-662



Name of Court

A-065504660

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete **Item Number** lines 1 - 8. (Type or print clearly.)

1. Full and Correct Name (Current Name)
 Given Name (First Name) Middle Name Family Name (Last Name)
JUAN ANGELO ALMONTE MARTINEZ

2. Mailing Address
 Street Number and Name City or Town State ZIP Code
7810 CARRIAGE POINTE DR GIBSONTON FL 33534-3005

3. Country of Citizenship or Nationality Dominican Republic

4. Date of Birth (mm/dd/yyyy) 12/31/1990

5. Alien Registration Number (A-Number) A-065504660

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:
 First Name Middle Name Last Name
ANGELO _____ ALMONTE

8. Signature and Date
 Signature of Petitioner (Use your current name) Date (mm/dd/yyyy)
[Signature] FEB 24 2020

Certification of Name Change

I certify that the above petition was granted by the court on this date, JUL 02 2020
 (mm/dd/yyyy)

Signature of Clerk Elizabeth M. Warren Signature of Deputy Clerk [Signature]

Important Information

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.

APR 11 11:55
 FED

Florida DRIVER LICENSE

CLASSIFICATION: A455-000-90-471-0

NAME: MALMONTE, ANGELO

ADDRESS: 17810 CARRAGE DRIVE, GIBSONTON, FL 33451

DOB: 12/31/1980

SEX: M

HGT: 5-10



HAIR: BROWN

EYES: BROWN

HAZARD LIGHTS: NONE

EXPIRES: 01/01/2017

ISSUES: 03/01/2011



The State of Florida returns all property rights herein. 122151. Rev. 03/01/2006

CLASS: B - Any non-commercial veh with a GVWR < 26,001 lbs or any RV

REST: None

EXC: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS

4/5/20

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