## L21000050895

(Re	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
		5/11/2i

Office Use Only



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21 MAR 22 AM II: 19

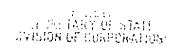
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	ALGM HO	Idinas ZZC	
30 <b>03</b> 2C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	And	rew Lapp	
		Name of Person	
		Firm/Company	
	2000 Misty	Sunrise Trl Address	
	Sarasot	ta, FL 34240	
	Andy L9 E-mail address: (	Address  Address  A FL 34240  City/State and Zip Code  136 Gmail. com  to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	,
Andrew		at (941) 323	
		•	•
Enclosed is a check for the	he 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)
<u>Mailing Addres</u>	<u>ss:</u>	Street Address:	
Registration 3		Registration Sec	
Division of C	ornorations	Division of Corr	vorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR 22 AM []: 19

ALGM Ho	oldings LLC  bility Company as it now appears on our records.)  rida Limited Liability Company)
( <u>Name of the Limited Liah</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L2\000050895</u>	Company were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This amendment is submitted to amend the following:	<del>.</del>
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		JANY OF STATE	
<u>Title</u>	<u>Name</u>	Address	21 MAR 22 AM 11: 19	Type of Action
AMBR	Gerald 5 Mounger	1393	Eastside Rd	□Add
		El C	Cajon, CA 92020	□Remove
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octive date is listed, the If the date inserted	than the date of fi e date must be specific in this block does no on the Department o	and cannot be prior of meet the applic	able statutory filir	(optional procession of the pr	ng.) Pursuant to 605		
ed				on the earlier of: (b)	The 90th day afte		
Marc	h 18	_, 202					
			lant.	2 -			
Marc	Signature o	f a member or author	orized representative	of a member			

Filing Fee: \$25.00