

K21000213960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

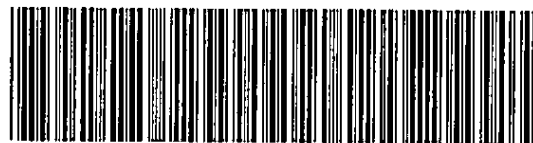
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALMO RESTORATION & PAINTING 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:

LEFFY VARGAS-JIMENEZ

Name of Person

ALMO RESTORATION & PAINTING LLC

Firm/Company

12700 66TH ST N APT 2220

Address

LARGO, FL 33773

City/State and Zip Code

LEFFYVARGAS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEFFY VARGAS-JIMENEZ

727 656-1706
at ()

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

2022 JAN 13 PM 3:14

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

FILED
2022 JAN 13 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALMO RESTORTION & PAINTING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/07/2021 and assigned
Florida document number L21000213960.

This amendment is submitted to amend the following:

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

ALMO DEVELOPMENT SOLUTIONS 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:

12700 66TH ST N APT 2220

(Principal office address MUST BE A STREET ADDRESS)

LARGO, FL 33773

Enter new mailing address, if applicable:

12700 66TH ST N APT 2220

(Mailing address MAY BE A POST OFFICE BOX)

LARGO, FL 33773

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:

LEFFY VARGAS-JIMENEZ

New Registered Office Address:

12700 66TH ST N APT 2220

Enter Florida street address

LARGO

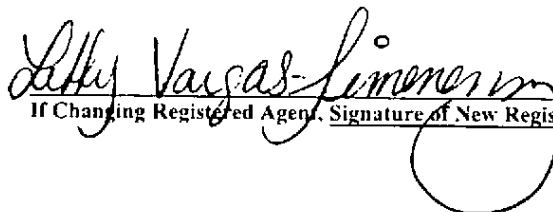
City

, Florida 33773

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>	<u>Type of Action</u>
AMBR	LUIS A MONTAS ACOSTA	12700 66TH ST N APT 2220 LARGO, FL 33773	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS A MONTAS ACOSTA	12700 66TH ST N APT 2220 LARGO, FL 33773	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated JANUARY 5 2022

Lefty Vargas-Jimenez
Signature of a member or authorized representative of a member

Lefty Vargas-Jimenez
Typed or printed name of signer

Filing Fee: \$25.00