

h21 000530361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

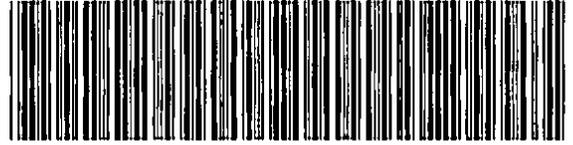
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

04/27

NO

Office Use Only



100385972651

06/30/22--01026--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 30 PM 2:29

FILED

JUN 30 2022

S. PRATHEP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2022

MARCELI SEGARRA  
JPR ACCOUNTING LLC  
2751 ENTERPRISE RD SUITE 209  
ORANGE CITY, FL 32763 US

SUBJECT: ALBALADEJO GROUP, LLC  
Ref. Number: L21000530361

We have received your document for ALBALADEJO GROUP, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 022A00013722

RECEIVED

2022 JUN 30 PM 1:05

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: Albaladejo Group LLC  
Name of Limited Liability Company

2022 APR 27 AM 7:29

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariceli Segarra  
Name of Person

JPR Accounting LLC  
Firm/Company

2751 Enterprise Rd Suite 209  
Address

Orange City, FL 32703  
City/State and Zip Code

jpr\_acfl@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

mariceli Segarra at (386) 210-4936  
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

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

Albaladejo Group LLC

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

FILED  
2022 JUN 30 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/16/2021 and assigned Florida document number L21000530361.

This amendment is submitted to amend the following:

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

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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

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: \_\_\_\_\_ (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 20, 2022

Handwritten signature of Jose L. Aibaladejo Varquez

Signature of a member or authorized representative of a member

Jose L Aibaladejo Varquez

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 30 PM 2: 29

FILED

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>
AP	Albaladejo Diaz, Adrian J	PO Box 477	<input type="checkbox"/> Add
		Vega Alta, PR 00692	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Albaladejo Melendez, Kevin J.	PO BOX 477	<input type="checkbox"/> Add
		Vega Alta, PR 00692	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Albaladejo Vazquez, Jose L	PO BOX 477	<input type="checkbox"/> Add
		Vega Alta, PR 00692	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Melendez Ortiz, Maritza	PO Box 477	<input checked="" type="checkbox"/> Add
		Vega Alta, PR 00692	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change