L22000074931

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2023 SEP 26 MHH: 41 SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
AIMALED	LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	C/O GILDA ALMEIDA		
		Name of Person	
	GILDA ALMEIDA LAW	, PLLC	
		Firm/Company	
	1001 BRICKELL BAY D	RIVE SUITE 2700 #3	s 😓
		Address	2023 SEP SECRET: TALLA
	MIAMI FL 33131		EP 2
	CII DA GCII DA AL MEID	City/State and Zip Code	26
	GILDA@GILDAALMEID E-mail address:	(to be used for future annual report notific	cation)
For further information c	oncerning this matter, please o	all:	THE T
GILDA ALMEIDA		786 456 6167	··; —
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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> Registration S		Street Address:	·
Divisia C		Registration Sect	1011

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIMALEDI LLC			
(Name of the Limited Li (A F	ability Company as it now appears on orida Limited Liability Company)	our records.)	
he Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{02/157}{1}$	2022	and assigned
lorida document number L22000074931			
his amendment is submitted to amend the followin	g:		
. If amending name, enter the new name of the	limited liability company here:		
IA			
he new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicable	: NA	. <u></u>	
Principal office address MUST BE A STREET A.	DDRESS)	Ç0	25
			23.5
	- " '		F -:
nter new mailing address, if applicable:	NA	238 123 	20
Mailing address MAY BE A POST OFFICE BOX	Q		-
		Por	
		17.	42-
 If amending the registered agent and/or regis gent and/or the new registered office address he 		rds, <u>enter the name of</u>	the new regist
Name of New Registered Agent:	'A		
New Registered Office Address:	Enter Florida	atend address	
	Enter Florida .	sireei aaaress	
_		, 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 add MGR = Manager

AMBR = Authorized Member

<u>Title</u> MGR	<u>. Tame</u>	Address 450 SE 7TH ST APT 280 DANIA BEACH, FL 33004	Type of Action □Add ■Remove
MGR	MIRIAM G BERECIARTUA	450 SE 7TH ST APT 280	□ Change
		DANIA BEACH, FL 33004	■ Add
MGR	AIALA G BERECIARTUA	450 SE 7TH ST APT 280	————— □Change
		DANIA BEACH, FL 33004	Remove ORemove ORemove
			□Change
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ctive date, if other than the date of filing:	.	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of fi e: If the date inserted in this block does not meet the applicable statut	iling or more than 90 da tory filing requiremen	sys after filing.) Pr nts, this date wi	ursuant to 605 Il not be list
ument's effective date on the Department of State's records.		,	
ord specifies a delayed effective date, but not an effective time, at 12:	01 a.m. on the earlie	r of: (b) The 9	Oth day afte
filed.			
d 09/15/23 September 15, 202	13		
			
Much			
Signature of a member or authorized representations			

Filing Fee: \$25.00