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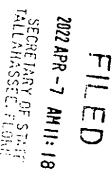
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Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

FO: Registration S Division of Co				, <b>4</b>
	ALMADERA USA ELC			•
SUBJECT:	Name of Linu	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	WILSON D FRANCO AG	UDELO		
	<del></del>	Name of Person		
	GRUPO PALMADERA U	SA LLC		
		Firm/Company		
	3750 GUNN HWY STE 10	00		
		Address		
	TAMPA FL 33618			
	WILSON@GRUPOPALM.	City/State and Zip Code		
	-	to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all;		
WILSON D FRANCO	AGUDELO	813 9654849 at ()		
Name	of Person	Area Code Daytim	ne Telephone Number	<u> </u>
Enclosed is a check for	the following amount:			
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000121599</u> .	SSE 7
This amendment is submitted to amend the following:	FF ST
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3750 GUNN HWY STE 100
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33618
Enter new mailing address, if applicable:	3750 GUNN HWY STE 100
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33618
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	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 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>	Type of Action
MGR	WILSON D WILSON AGUDELO	3750 GUNN HWY STE 100	
		TAMPA FL 33618	
			□Change
MGR	WILSON D FRANCO AGUDELO	3750 GUNN HWY STE 100	■Add
		TAMPA FL 33618	
			□Change
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