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(((H24000061124 3)))



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To:

Division of Corporations

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: (850)617-6383

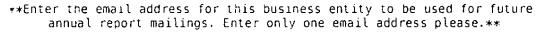
From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

Phone Fax Number

: (888)462-3453 : (877)919-2613



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALMAVIVAHN LLC

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## **COVER LETTER**

TO: Registration S Division of Co			(((H24000061124 3))	
	IVAHN LLC			
SUBJECT:	Name of Lin	uted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
	<u> </u>	Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064			
	EFILE1234@INCFILE.CC	City/State and Zip Code DM		
For further information	F-mail address: (concerning this matter, please c	to be used for future annual report is all:	tification)	
LOVETTE DOBSON		888-462-3	453	
Name	of Person	Area Code Dayti	me 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)	
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION(((H24000061124 3))) OF

ALMANIV	AHN LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000536130}{1.22000536130}$ . This amendment is submitted to amend the following:	were filed on	and assigned
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	
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Tow	oet. 1 216 422 मार्न्जाय 👼
(Principal office address MUST BE A STREET ADDRESS)	Miann, F1, 33126	FE
Enter new mailing address, if applicable:	1150 Nw 72nd Ave Tow	rer 1 Ste 455 #14933
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126	75 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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:		
Negawiew variet water.	Emer 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as paing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duty provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

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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  $(((H24000061124\ 3)))$ 

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	ANDRES MARIN SIGUENZA ALEMAN	1150 Nw 72nd Ave Tower 1 Ste 455 #14933	□Add
		Miami, FL 33126	□Remove
			Change
AMBR	ANDRES MARIN SIGUENZA FLORES	1150 Nw 72nd Ave Tower 1 Ste 455 #14933	□Add
		Miami, FL 33126	□Remove
			<b>■</b> Change
AMBR	DIEGO ALBERTO SIGUENZA ALEMAN	1150 Nw 72nd Ave Tower 1 Ste 455 #14933	□Add
		Miami, FL 33126	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		<del></del>	□Add
		///174 / 0000 /	□Remove
		(((H2400006	11124 3)))

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rote: If the	te, if other than the date of late is listed, the date must be spe date inserted in this block do effective date on the Departm	es not meet the applicable state	(optional)  filing or more than 90 days after filing.) Pursuant to 605,020 utory filing requirements, this date will not be listed as
record spec Lis filed.	ities a delayed effective date.	but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day after the
ated	February, 13	2024	
	And	es Uarin Siguei	NZCL Aleman
	ç	Andres Marin Signenz	
		Typed or printed name i	

Filing Fee: \$25.00

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