

L23000462240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

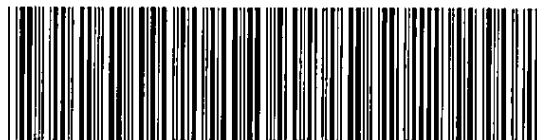
(Business Entity Name)

(Document Number)

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2024 JAN 29 PM 2:11  
JAN 29 2024  
JAN 29 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 4955 Altama Holdings 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:

Gulnara Kalimullina

\_\_\_\_\_  
Name of Person

Now Optics

\_\_\_\_\_  
Firm/Company

1615 S Congress Ave # 105

\_\_\_\_\_  
Address

Delray Beach Florida 33445

\_\_\_\_\_  
City/State and Zip Code

gulnara.s.kalimullina@nowoptics.com

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

For further information concerning this matter, please call:

Gulnara Kalimullina

561 7206422

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

## 4955 Altama Holdings LLC

**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>
MGR	Massimo Musa	1615 S Congress Ave. #105	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2013 JUN 29 PM 3:11  
 RECEIVED  
 CITY OF DELRAY BEACH  
 COMMUNITY DEVELOPMENT DEPT  
 1615 S CONGRESS AVE  
 DELRAY BEACH, FL 33445

2020 JUN 29 PM 2:11  
RECEIVED  
FALLS CHURCH

2020 JUN 28 PM 2:11

**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 23, 2024

Gubnera Kalimukine

Signature of a member or authorized representative of a member

Gulnara Kalimullina

Typed or printed name of signee

**Filing Fee: \$25.00**