

L23000479570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ME

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTAFINI GUEST PROPERTIES LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Giovanni Gomes
Name of Person
Firm/Company
4400 45th St N
Address
Saint Pete, FL 33714
City/State and Zip Code
gio@stayalta.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Gomes 727 642-4457
Name of Person at (Area Code) Daytime Telephone Number

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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**

ALTAFINI GUEST PROPERTIES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/19/2023 and assigned Florida document number 1,23000479570.

This amendment is submitted to amend the following:

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

ALTAMCO LLC

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)

4400 45th St N

Saint Pete, FL 33714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4400 45th St N

Saint Pete, FL 33714

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:

N/A - keep the same

New Registered Office Address:

4400 45th St N

Enter Florida street address

Saint Pete

Florida

33714

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Giovanni Gomes	4400 45th St N	<input type="checkbox"/> Add
		Saint Pete, FL 33714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Thaysa Mileseki Gomes	4400 45th St N	<input checked="" type="checkbox"/> Add
		Saint Pete, FL 33714	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 November 7th 2024

Giovanni Gomes
Signature of a member or authorized representative of a member

Giovanni Gomes
Typed or printed name of signee