

L240000158483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

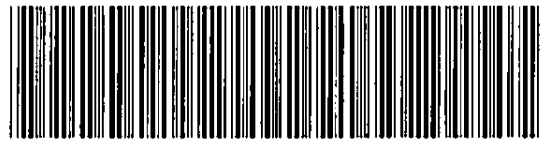
(Business Entity Name)

(Document Number)

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2024 APR 18 PM 5:02  
CLERK  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA  
7A

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Almyration  
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:

Guessly Almyr  
Name of Person

Almyration  
Firm/Company

5965 stirring Rd Suite #475  
Address

Davie, FL 33314  
City/State and Zip Code

almyration@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guessly Almyr 954 6510803  
Name of Person at ( Area Code ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>
Mrs	Guessly Almyr	5965 stirring Rd Suite #475, Davie FL 33314	<input checked="" type="checkbox"/> Add
		5017 vulcan way, Davie FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	Abd Edwin Almyr	5965 stirring Rd Suite #475, Davie FL 33314	<input checked="" type="checkbox"/> Add
		5017 Vulcan way, Davie FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 (5),

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**