

\*\*corrected, please honor  
original submission date of  
7/22/24

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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7/22/24

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

((H24000247605 3)))



H240002476053ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ALMALET CREATIVE LLC**

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Certificate of Status	0
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Help

K. SALY

JUL 26 2024

RECEIVED

2024 JUL 25 PM 12:58

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 JUL 22 AM 3:54

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850-617-6381

7/23/2024 11:10:17 AM PAGE 1/001 Fax Server



July 23, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALMALET CREATIVE LLC  
521 SAN JUAN DRIVE  
CORAL GABLES, FL 33143US

SUBJECT: ALMALET CREATIVE LLC  
REF: L24000300566

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000004648 "ALMA CREATIVES LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: B24000247605  
Letter Number: 324A00016125

**COVER LETTER****TO: Registration Section  
Division of Corporations****H24000247605****SUBJECT: Almalet Creative 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:

Karina DuQuesne

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

Caldera Law PLLC

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

7293 NW 2nd Avenue

\_\_\_\_\_  
Address

Miami, FL 33150

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

Karina@caldera.law

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

For further information concerning this matter, please call:

Jesse Potterveld

786 321-3811  
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

H24000247605

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H24000247605

Almalet Creative LLC

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

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2024 JUL 22 AM 3:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on July 9, 2024 and assigned  
Florida document number L24000300566.

This amendment is submitted to amend the following:

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

Mi Alma Creative 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter 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 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

H24000247605

Leslie, Sellers 8004323622

(07/08) 07/25/2024 11:51:31 AM

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

H24000247605

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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FALLAHASSET, FL 32101

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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 July 22 2024

Signature of a member or authorized representative of a member

**Melanie Fernandez**

Typed or printed name of signee

**Filing Fee: \$25.00**

H24000247605