Division of Corporations Electronic Filing Cover Sheet

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.

(((H110002253393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

. Fax Number

: (850)617-6383

From:

Account Name

: CUEVAS & ORTIZ, P.A.

Account Number : I20030000123

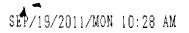
Fax Number

: (305)461-9500 : (305) 448-7300

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEKAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	AL	EKAS, LLC	•			
	Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
		Alexander G. Cubas				
Name of Person						
Cuevas, Ortiz & Cubas, P.A.						
Firm/Company						
7480 SW 40th Street						
Address						
Miami, FL. 33155						
City/State and Zip Code						
	accounting@cuevaslaw.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	eall:				
Ale	xander Cubas	at (305) 46	31-9500			
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alekas, LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document numberL11000099645	were filed on August 30th, 2011 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
N/A					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	1549 NE 123 Street				
	North Miami, FL. 33161				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	1549 NE 123 Street				
	North Miami, FL. 33161				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	fice address on our records, enter the name of the new				
New Registered Office Address:					
	Enter Florida street address				
	, Florids				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
	a to about a sure of A coate an amount of a coate				

Thereby 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 608, 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

MGR = Manager

MGRM = Managing Member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGM	Jorge Monico	1549 NE 123 Street North Miami, FL 33161					
MGM	Alejandra Kasaryian	1549 NE 123 Street North Miami, FL 33161	☐ Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If ame	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
							
_			_				
Dated	September 19th ,	2011	_				
	Signature of a member or authorized representative of a member						
	Jorge Monico						
	Typed or printed name of signee						

Page 2 of 2 Filing Fee: \$25.00