

# #L11000099645

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CUEVAS & ORTIZ, P.A.  
Account Number : I20030000123  
Phone : (305) 461-9500  
Fax Number : (305) 446-7300

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ALEKAS, LLC

Certificate of Status	0
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K. SALY  
EXAMINER  
SEP 20 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALEKAS, 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:

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 call:

Alexander Cubas at ( 305 ) 461-9500  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
11 SEP 19 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Alekas, 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 August 30th, 2011 and assigned Florida document number L11000099645.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

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 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:**

*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

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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGM</u>	<u>Jorge Monico</u>	<u>1549 NE 123 Street</u> <u>North Miami, FL 33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGM</u>	<u>Alejandra Kasaryian</u>	<u>1549 NE 123 Street</u> <u>North Miami, FL 33161</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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