

05/11/2016 09:45  
Division of Corporations

5612968430

L11000436072

https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State  
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.

(((H16000116343 3)))



H160001163433ABCZ

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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*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  
ALFIE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2216 MAY 11 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 11 AM 10:33

FILED

MAY 12 2016

Electronic Filing Menu

Corporate Filing Menu

J. SHIVERS  
Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALFIE MANAGEMENT, 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 12/02/2011 and assigned  
Florida document number L11000136072

This amendment is submitted to amend the following:

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

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

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>
MGR	Robin C. Muir	850 N.E. 5TH AVENUE	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Robert Clark Muir	850 N.E. 5TH AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

