

# L17000033578

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

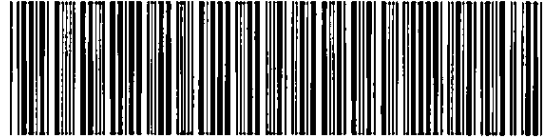
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/23/19--01030--013    \*\$25.00

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OCT 21 2019

2019 OCT 22 AM 8:26

*MLC*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2019

LUIS ELENA CUADRADO  
DIEGO L RESTREPO, P.A.  
2600 SOUTH DOUGLAS ROAD, SUITE 913  
CORAL GABLE, FL 33134

SUBJECT: ALINEA INVESTMENTS LLC  
Ref. Number: L17000033578

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

**THE DOCUMENT MUST BE SIGNED BY A MEMBER OR AUTHORIZED REPRESENTATIVE.**

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 719A00020795



**Diego L. Restrepo, P.A.**  
**Attorneys at Law**

Member:  
Florida Bar Association

2600 S Douglas Road, Suite 913  
Coral Gables, Florida 33134

Telephone: (305) 447-9430  
Fax: (305) 448-5541

E-Mail: [diego@restrepolaw.com](mailto:diego@restrepolaw.com)

Member:  
Florida Institute of Certified  
Public Accountants

October 17, 2019

***Certified Mail Return Receipt Requested***  
***No. 7017 3380 0000 6302 6606***

Florida Department of State  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Ref: Alinea Investments LLC ("the Company")**  
**Articles of Amendment to Articles of Organization**

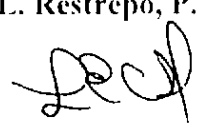
To whom it may concern:

In response to your letter Number L17000033578 dated October 9, 2019 enclosed please find the corrected Articles of Amendment to the Articles of Organization for the above referenced Company. Please apply check No. 1731 in the amount of US\$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

**Diego L. Restrepo, P.A.**

By:   
Luisa Elena Cuadrado, Paralegal

w/enclosures

2019 OCT 22 PM 12:11

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALINEA INVESTMENTS 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:

LUISA ELENA CUADRADO  
Name of Person  
DIEGO L. RESTREPO, P.A.  
Firm/Company  
2600 SOUTH DOUGLAS ROAD, SUITE 913  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code  
LUISA@RESTREPOLAW.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA ELENA CUADRADO      305      447-9430  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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

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

ALINEA INVESTMENTS 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 02/10/2017 and assigned Florida document number L17000033578.

This amendment is submitted to amend the following:

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

JARISTI MANAGEMENT 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

*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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <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 |
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|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

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 SEPTEMBER 19

2019

Handwritten signature of Diego Restrepo

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signer