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COVER LETTER

TO: Registrat Division					
ALF	ONSEV.	A, LLC	ļ		
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed Artic	cles of A	mendment and fee(s) are subr	mitted for filing.		
Please return all co	orrespon	dence concerning this matter (to the following:		
		MARCELA GIL			
			Name of Person		
		MANUEL DINER P.A.			
		· · · ·	Firm/Company		
		17110 ROYAL PALM BL	VD SUITE 3		
			Address		<u> </u>
		WESTON, FL 33326			
		-	City/State and Zip Co	ode	
		MDINER@DINERLAW.CO			_
		E-mail address: (t	o be used for future ann	ndil report notificat	tion)
For further inform	nation co	ncerning this matter, please ca	ill:		
MARCELA GIL			305 at ()	825-8151	
	Name of	Person	Area Code	Daytime To	elephone Number
Enclosed is a chec	k for the	following amount:			
■ \$25.00 Filing		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	<i>,</i>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Regis Divis Clifte	EET/COURIER stration Section ion of Corporation Building Executive Cente	ons

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 25 PH 3: 19

TALLAHASSEE, FLORIDA

ALFONSEVA, LLC

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

04/21/2017

The Articles of Organization for this Limited Liability Company w	ere filed o	n <u>04/21/2017 </u>	ind assigned
Florida document number L17000089411			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty compar	ı <u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company,"	the designation "LLC" or the abbrevia	ttion "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)	-		
		, <u></u>	
B. If amending the registered agent and/or registered offi	ce addres	s 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:			_
	Ente	r Florida street address	
	City	, Florida	in Code
New Registered Agent's Signature, if changing Registered Agent:	c.,,	•	p com
I hereby accept the appointment as registered agent and agree	e to contin	this caracity I further caree t	a cample with the
provisions of all statutes relative to the proper and complete p	erforman	ce of my duties, and I am famil	iar with and
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ovided for	r in Chapter 605, F.S. Or, if th	is document is
If Chang	ing Register	red Agent, Signature of New Register	red Agent

Page 1 of 3

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>	Type of Action
AR	MANUEL DINER	17110 ROYAL PALM BEVD SUI'	
		WESTON, FL 33326	≡ Remove
			☐ Change
MGR	ALFONSO NOTARFRANCESCO	17110 ROYAL PALM BLVD SUF	_
		WESTON, FL 33326	☐ Remove
			☐ Change
MGR	ADRIANA TORREALBA	17110 ROYAL PALM BLVD SUI	∃ Add
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fective date, if other than the one offective date is listed, the date must	late of filing:be specific and cannot be prior to c	late of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605.03
ote: If the date inserted in this block cument's effective date on the Dep		e statutory filing requireme	nts, this date will not be listed
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record specifies a delayed The 90th day after the reco		n effec t ive time, at 1:	2:01 a.m. on the earlier
July 18th	2017		
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	and L. Due	e	
	rguature of a member of authoriz	ca representative of a filember	
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Manuel Diner	Typed or printed n		·

Page 3 of 3

Filing Fee: \$25.00