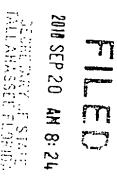
## 117000154766

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## **COVER LETTER**

Division of Cor	porations				
Alda Holdi	ng LLC				
SUBJECT:	Name of Lim				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sara Aguiar	Name of Person			
		Name of Person			
	Alda Holdings LLC	Firm/Company	<u></u>		
	4210 L.B. Mcleod Rd Suit	e 101 Address			
	Orlando - Florida - 32811	City/State and Zip Code		2018 S	
	rodrigo@aldahomedesign.c	om to be used for future annual report notifica		SEP SEP	: " 
For further information c	n-mail address: ( oncerning this matter, please of		mon)	20 3337 355E	r rr
Sara Aguiar		407 289-3009 at ( )		65 <b>8:</b>	; ;
Name o	f Person		elephone Number	24 1	
Enclosed is a check for the	ne 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 For Certificate of S Certified Copy (additional copy is	Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Alda Holding LLC		
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our records.) Liability Company)	<del></del>
1.17000151766	y were filed on	and assigned
This amendment is submitted to amend the following:		
Florida document number  L17000154766  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 "LLC."  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:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
intering made on the transfer of the proof		
		the name of the new
registered agent and/or the new registered office address ne	<u>re</u> :	
Name of New Registered Agent:		• • = •
New Registered Office Address:		
THE TABLETON ATTIVE CHANGES.	Enter Florida street address	
	Florida	<b>24</b>
<del></del>	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>	Type of Action
MGR	Thiago Davila	2211 W.Washington St	DAdd
		Orlando - Florida - 32805	■ Remove
		<del></del>	□ Change
AMBR	Alberici Homes Builder.	4210 L.B. McIcod Rd Suite 101	
		Orlando - Florida - 32805	Remove
			Change
			Remove
			Change
			Removes P
			Control Contro
			Change
<del></del>			
			□ Remove
			□ Change

<del></del>		
<u> </u>		
	<del></del>	
	\$20°	2018
	<u>- ⊑:</u> ≥:::	1 SEP
	- <del></del>	P 20
ective date, if other than the date of filing: (optional)		
ective date, if other than the date of filing:	suant.to 605	.0207 (3)
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	the earli	er of:
cd September 10 2018.		
Signature of a member or authorized representative of a member		
Thiaso DAVIA		

Page 3 of 3

Filing Fee: \$25.00