# 119000016351

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R. WHITE
JUN 0 5 2019

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Alfa Journe Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Daniella	Name of Person	
	_	Journey LLC Firm/Company	
	6226 Pe	eregrine Court	
	Orlando, I	Florida, 32819 City/State and Zip Code	
	E-mail address: (1	ney media @ gmail to be used for future annual report notifi	ication)
For further information con	cerning this matter, please ca		
Daniella 1 Name of 1	Moreno	at ( 407 ) 283 - Area Code Daytime	7084 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

# TO ARTICLES OF ORGANIZATION OF

iny as 11 now appears on our records.)  Ciability Company)  Company)
were filed on $01/08/2019$ and assigned
ility company here:
LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
6226 Peregrine Court Orlando, Florida, 32819
Orlando, Florida, 32819
6226 Peregrine Court
Orlando, Florida, 32819
Enter Florida street address  City  Florida  City  Enter the name of the new

#### 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		□ Add
			☐ Remove
		<del> </del>	
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			Remove
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	<del></del>		□ Add
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			Add
			□ Remove
			☐ Change
			Remove
			□ Change

E. Effective date, if other than the date of filing: 05/16/19 (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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	07 (3)(b as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated May 16th 2019	
Dated May 16th, 2019.  Daniella M.	
Signature of a member or authorized representative of a member	
Daniella Moreno Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00