## L21000001132

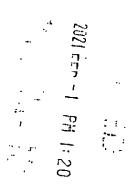
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: ALP	ISKA A JOY A	REALTORS LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing	
		<del>-</del>	
Please return all correspon	dence concerning this matter	to the following:	
	ALASI	LA VESSEL	
		Name of Person	
		Firm/Company	<del></del>
	700 1	AVERY STREET	
		Address	
	ST. AUGU	STINE FL 326 City/State and Zip Code	84
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	lication)
For further information co	ncerning this matter, please ca	all:	
ALASKA		at (904) 501 - Area Code Daytime	8258
Name of	Person	Area Code Daytime	e 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:		Street Address:	
Registration S		Registration Sec	
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2021 FED - 1 PM 1: 20
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 12/21/2020 and assigned
Florida document number <u>L21000001132</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
ALASKA KESSEL LLC	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ce address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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.

City

Zip Code

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>	Address 2021 1 PM 1:20	Type of Action
AMBR	JOY LAWLOR	ST. AUGUSTINE, FL 32084	🗆 Add
		ST. AUGUSTINE, FL 32084	Remove
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		<del></del>	□Remove
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(If an effective Note: If t	date, if other than the date of filing:
the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JANUARM 26, 2021  Classification of a member or authorized representative of a member
	ALASKA KESSEL
	Typed or printed name of signee