L21000086964

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COVER LETTER

Division o	ion Section of Corporations	
SUBJECT:	Alexandra B	oskovich, LLC
	Name of I	imited Liability Company
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.
Please return all co	rrespondence concerning this mat	ter to the following:
	Alexan	dra Restaino
		Name of Person
	-	Firm/Company
	66 Ha	1 Current Dr.
		Address
	Ap	ollo Beach, FL 33572
	211	ollo Beach, FL 33572 City/State and Zip Code bosk & E 201. com
	E-mail addres	s: (to be used for future annual report notification)
For further informa	tion concerning this matter, please	e call:
Alexano	Ira Restaino	at (269) 216 8982
N	fame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registrat	ddress: tion Section	Street Address: Registration Section
Division	of Corporations	Division of Corporations
P O Roy	. 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

1013 OCC 27 MY 10:33 Alexandra Boskovich, 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 22 21 and assigned Florida document number L21000086964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALEXANDRA RESTAINO, 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: (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: Name of New Registered Agent: Apollo Beach Florida 33572 New Registered Office Address:

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 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	Type of Action
MGR	Alexandra Restaino	10049 Went dr. Apollo Beach FZ 33572	ØKAdd
			□Remove
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ffoot	ve date, if other than the date of filing: (optional)
`an eff {ote:	ve date, if other than the date of filing:
recor 1 is fil	d 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 ed.
ated	December 14 2023
	Signature of a member or authorized representative of a member
	Alexandra Restaino

Filing Fee: \$25.00