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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEX ECOMSERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC - 6 2021

S. PRATHER

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC -3 PM 1: 09
SELACTIVEY OF STATE
TALLAHASSEE, FLORIDA

ALEX ECOMSERVICES LLC

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

			_, Florida Zip Code
Nev	Registered Office Address:	Enter Florida street a	
<u>Nan</u>	ne of New Registered Agent:		
	ing the registered agent and/or register the new registered office address here:		nter the name of the new registere
Mailing add	ress MAY BE A POST OFFICE BOX)		
	ailing address, if applicable:		
<u>Principal of</u>	fice address MUST BE A STREET ADD		
•	rincipal offices address, if applicable:		
Glimora L	LLC nust be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
	ing name, enter the new name of the lin	nited liability company here:	
	ent is submitted to amend the following:		
Florida docur	nent number L21000415417	 ·	
	of Organization for this Limited Liability	Company were filed on OSTEGIES	and assigned

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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Remove
			☐ Change
		- Long Barrach APP	□Add
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record specifies a delayed effect d is filed.	tive date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (o) The 90th day at	îter ti
Dated 12/03	20	21		عدد آکالال	1707
	·	•		AHA VE ir	לוולו טבר ביז
Morgan Joh	Signature of a member	or authorized represent	ntive of a member	AHASSEE, FLORIDA	ر
•				(C)	rm 1: 09
Morgan N	loblo			<u> </u>	-

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