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## **COVER LETTER**

Divis	sion of Corpa	rations				
SUBJECT:	Aller Fabrique	er				
SUBJECT	<del> </del>	Name of Lim	ited Liability Company			
The enclosed	Articles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please return a	all correspond	dence concerning this matter	to the following:			
		Danny Diaz				
			Name of Person			
		Aller Fabriquer				
			Firm/Company			
		3321 NW 7th AVENUE C	TIRCLE			
			Address	**************************************	2022	
		Miami,Florida 33127			2022 JUN 24 AM IO:	
			City/State and Zip Code			5
		Info@talleraller.com	- 1	<del> </del>	Sign A	3
			to be used for future annual report notif	ication)		
For further inf	ormation con	cerning this matter, please ca	all:		5 <b>8</b>	
Danny Diaz			305 3008492			
-	Name of P	erson		: Telephone Number		
Enclosed is a	check for the	following amount:				
<b>≡</b> \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
<u>Maili</u>	ing Address:		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aller Fabrique 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  $\frac{\text{May } 23/2022}{\text{May } 23/2022}$ \_\_\_\_ and assigned Florida document number 122000238622 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aller Fabriquer 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: 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.

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

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