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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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		PICK UI	P: <u>12/03/2019</u>
		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		CUS	
	хx	FILING	AMENDMENT
1.		ALONA VENTURES LLC	
		(CORPORATE NAME AND DOCUMENT	l`#)
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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		NTURES LLC				
SOBJE	cr	Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	-			
		MILDREY MONTES DE	OCA			
			Name of Person			
		ROZENCWAIG & NADE	EL, LLP			
			Firm/Company			
301 W. HALLANDALE BEACH BLVD						
			Address			
		HALLANDALE BEACH/ FLORIDA/ 33009				
		entities@rnflaw.com	City/State and Zip Code			
		_	to be used for future annual report not	ification)		
For furth	er information co	ncerning this matter, please c	all:			
MILDR	EY MONTES DE	OCA	954 455-5100			
	Name of	Person	at () Area Code Daytin	ne 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 Section
Division of Corporations
P.O. Box 6327
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

ALONA VENTURES LLC (Name of the Limited Liability Company as it now appears of our records.) The Articles of Organization for this Limited Liability Company were filed on 01/23/2014 and assigned Florida document number ____L14000012464 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

, Florida _

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>	Name	Address	Type of Action
MGR	CARLOS E. WALZER VIDARTE	3530 MYSTIC POINTE DR.	□ Add
		AVENTURA, FL 33180	■Remove
			□ Add
			Remove
			☐ Change
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			Change
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iffecti	ve date, if other than the date of filing: (optional)
f an eff Note:	ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore	I 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.
Dated .	DECEMBER 03
	ferre Clary A

Filing Fee: \$25.00