

L14000012464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

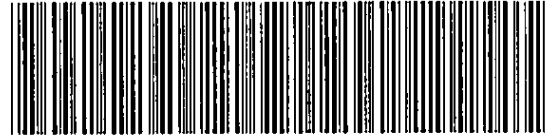
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400337578794

12/04/19--01004--003 \*\*25.00

19 DEC -3 04 31 43

2019 DEC -3 11 43

2019 DEC -3 11 43

FILED

DEC 04 2019

T. LEMIEUX

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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

**WALK IN**

**PICK UP:** 12/03/2019

- CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- XX** **FILING** AMENDMENT \_\_\_\_\_

1. **ALONA VENTURES LLC**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALONA VENTURES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILDREY MONTES DE OCA

\_\_\_\_\_  
Name of Person

ROZENCWAIG & NADEL, LLP

\_\_\_\_\_  
Firm/Company

301 W. HALLANDALE BEACH BLVD

\_\_\_\_\_  
Address

HALLANDALE BEACH/ FLORIDA/ 33009

\_\_\_\_\_  
City/State and Zip Code

entities@rnflaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILDREY MONTES DE OCA

954 455-5100  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

**FILED**

ALONA VENTURES LLC

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

2014 DEC 3 A 11 13

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."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**New Registered Office Address:**

*Enter Florida street address*

**Florida**

*City*

*Zip Code*

**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

| <u>Title</u> | <u>Name</u>               | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|---------------------------|------------------------|--|
| MGR          | CARLOS E. WALZIER VIDARTE | 3530 MYSTIC POINTE DR. | <input type="checkbox"/> Add               |
|              |                           | AVENTURA, FL 33180     | <input checked="" type="checkbox"/> Remove |
|              |                           |                        | <input type="checkbox"/> Change            |
|              |                           |                        | <input type="checkbox"/> Add               |
|              |                           |                        | <input type="checkbox"/> Remove            |
|              |                           |                        | <input type="checkbox"/> Change            |
|              |                           |                        | <input type="checkbox"/> Add               |
|              |                           |                        | <input type="checkbox"/> Remove            |
|              |                           |                        | <input type="checkbox"/> Change            |
|              |                           |                        | <input type="checkbox"/> Add               |
|              |                           |                        | <input type="checkbox"/> Remove            |
|              |                           |                        | <input type="checkbox"/> Change            |
|              |                           |                        | <input type="checkbox"/> Add               |
|              |                           |                        | <input type="checkbox"/> Remove            |
|              |                           |                        | <input type="checkbox"/> Change            |

