

LO2 00000 6832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

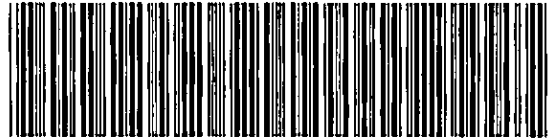
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/18--01013--028 **25.00

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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B FIGUEROA

MAY 31 2018



FOODMAN
& ASSOCIATES PA
CPAs, Consultants & Advisors

May 23rd, 2018

This office represents Mrs. Chimol Morely de Chocron. We are asking to have her name as managing member and registered agent changed to her correct legal name.

From Chimol Chocron to Chimol Morely de Chocron.

Enclosed please find your paperwork and our check in the amount of \$25.00.

Please let us know if you need anything else.

Thank you

Etty Foodman for the firm.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOCRON, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ETTY FOODMAN
Name of Person

FOODMAN CPAs and ADVISORS
Firm/Company

1201 BRICKELL AVENUE
Address

MIAMI, FLORIDA 33131
City/State and Zip Code

ETTY@FOODMANPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ETTY FOODMAN at (305) 365-1111
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CHOCRON, LLC
2. (a) 2000 ISLAND BLVD #204 AVENTURA FL 331 (b) 1835 NE MIAMI GARDENS DRIVE#415 N
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
- 2000 ISLAND BLVD # 204 1835 NE MIAMI GARDENS DR. # 415
AVENTURA, FLORIDA 33160 NORTH MIAMI BEACH, FL. 33179
- 10/05/2015 L020000006832
 3. Date of filing/registration in Florida 4. Document number

5. (a) CHOCRON, CHIMOL
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2000 ISLAND BLVD #204
AVENTURA, FL 33160

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 DIVISION OF STATE

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- CHIMOL MORELY de CHOCRON
NEW Registered Office Address:
2000 ISLAND BLVD #204
AVENTURA, FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Chimol Morely de Chocron CHIMOL CHOCRON
 Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Chimol Morely de Chocron
 Signature of Registered Agent

L14000 175532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

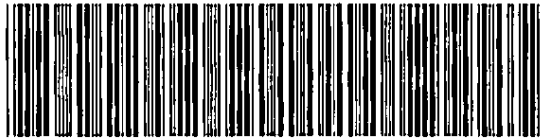
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL 09107
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MAY 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alphacladding, LLC

The enclosed Amended and Restated Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah R. Mayo, Esq.
South Florida Corporate Counsel
8200 NW 41st Street
Suite 200
Doral, FL 33166

E-mail address: jalpizar@alphacladding.com

For further information concerning this matter, please call: Deborah R. Mayo at (305) 343-0597.

Enclosed is a check for the \$25.00 Filing Fee. I do not request a Certificate of Status or Certified Copy of these Amended and Restated Articles.

MAILING ADDRESS: STREET ADDRESS:

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

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION OF
ALPHA CLADDING LLC**

Pursuant to the provisions of Section 605.0202 of the Florida Revised Limited Liability Company Act (the "Act"), ALPHA CLADDING, LLC, whose original Articles of Organization were filed with the Florida Department of State on November 12, 2014 and assigned Document No. L14000175532, and subsequently amended upon the filing of Articles of Amendment on December 17, 2014 and April 24, 2015, hereby adopts the Amended and Restated Articles of Organization set forth below which have been duly executed and are being filed in accordance with and in the manner prescribed by Section 605.0206 of the Act.

Article I

The name of this limited liability company is Alphacladding, LLC (the "Company").

Article II

The duration of the Company shall be perpetual.

Article III

The principal office and mailing address of the Company is as follows:

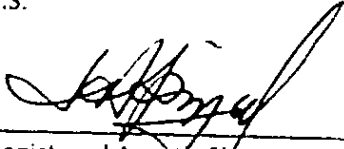
3403 N.W. 82nd Avenue
Suite 300
Doral, FL 33122

Article IV

The Registered Agent of the Company and his street address in the State of Florida are as follows:

Juan J. Alpizar
3403 N.W. 82nd Avenue
Suite 300
Doral, FL 33122

Having been named as registered agent and to accept service of process for the Company at the above-designated place, 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 relating 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.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE V

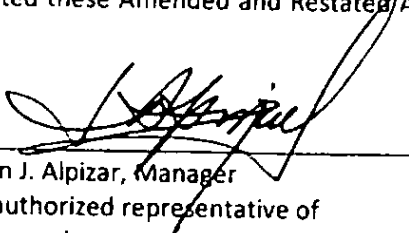
The Company shall be managed and controlled by its managers. The name and address of each manager is set forth below:

Juan J. Alpizar
3403 N.W. 82nd Avenue
Suite 300
Doral, FL 33122

Roberto Banbanaste
3403 N.W. 82nd Avenue
Suite 300
Doral, FL 33122

Michael A. De Harde
3403 N.W. 82nd Avenue
Suite 300
Doral, FL 33122

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization this 25th day of May, 2018.



Juan J. Alpizar, Manager
as authorized representative of
the members

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COUNTY CLERK OF DADE
COUNTY CLERK OF DADE

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