L03000003499

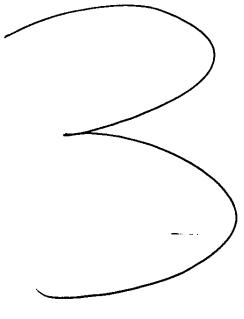
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700250675087

08/19/13--01018--003 **25.00



13 AUG 19 PH 2: 59

FILED SECRETARY OF STATE DIVISION OF CORPUSATIONS

AUG 2 0 2013

: Trong

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: ALCO DIVERSIFIED LC 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:
CARLOS. W. Acost A
Firm/Company
P.O. SOX 653655
City/State and Zip Code C. a costa 50 me. cond E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HLCO DIVE	RSIFIED LC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LD3 0000 0 3499</u>	were filed on	and assigned
This amendment is submitted to amend the following:		SECRETORION OF SECRET
A. If amending name, <u>enter the new name of the limited liab</u>	F CSI	
"L.L.C."	ted Liability Company," the designation	n "LLC" or the abbreviation
• • •		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 65 MIRMI, FC	3655 33265
	· · · · · · · · · · · · · · · · · · ·	er the name of the new
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Principal office address, if applicable: Principal office address, if applicable:		
New Registered Office Address:		
	Enter Florida street o	address
		- Zin Coda
	Cuy	Lip 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Madaging Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
YARM	MARIA ACOSTA	P.O. BOX 653655 MIAM, FL 3321	Add
		MIAM, FL 3321	Remove
VII			Add
			Add SECOND FILE USE IN A STORY OF SE
			Add Add Remove
			Add
			Remove
			Add
			Remove

If alm	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
•	•				
ed	August 13,2013.				
	Signature of a member or authorized representative of a member				
	CARLOS M. ACOSNA				
	Typed or printed name of signee				
	Page 3 of 3				

Filing Fee: \$25.00