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COVER LETTER

	legistration Se Division of Cor		2	•
SUBJEC	r:	1/6 1/1/1/20 -	roup LC.	
		Name of Limit	ed Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please reti	urn all correspo	ndence concerning this matter to	o the following:	
			arlos Alonso	
		The Al	Name of Person Coup II L Firm/Company	L(. 12 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		6964	SW 47 ST.	
		Miani	P1. 33155 City/State and Zip Code	
		Calor	1562727eyahoo.	
		E-mail address: (to	be used for future annual report notific	cation)
For furthe	r information co	oncerning this matter, please cal	1:	
	Carlos Name o	Abaso Person	at (<u>786</u>) <u>488 -</u> Area Code Daytime	6524 Felephone Number
				·
Enclosed i	is a check for th	e 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)
	Registr Divisio P.O. Bo	ENG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Allied	Group LLC.
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LO60009676</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit The Allied Group II	ed liability company here: LLC. ed Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	6964 5W 47 ST.
(Principal office address MUST BE A STREET ADDRE	Miami, Pl. 33.655
Enter new mailing address, if applicable:	SAME AS Above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or. if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Eliette Alonso	6964 SW 475T.	X Add
		Miani J P1. 33/53	Remove
			Change
MGR	Miriam Alonso	6964 SW 47 ST.	X Add
		6964 SW 47 ST. Miani, Fl. 33/55	☐ Remove
			Change
			D Add T
			Remove
			Ghange
		:•	 □ Add
			□ Remove
			Change
			🗆 Add
			Remove
			□ Change
-			Add
			□ Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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fective date, if other than the date of filing:	uant to 605.02 tot be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlier
ted May 20 2019	
1ed May 20 2019 Chita alom	
Signature of a member or authorized representative of a member	
Elic + Honso Typed or printed name of signee	
typed of printed name of signee	

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Filing Fee: \$25.00