

L09000057986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

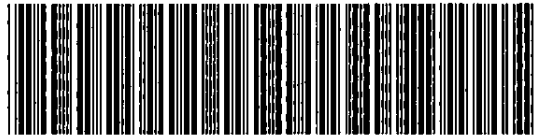
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 11 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALCOLISTI L, 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:

ANLLELINA TRIANA

Name of Person

ALCOLISTI, LLC

Firm/Company

3301 N.E. 1ST. AVENUE SUITE 1113

Address

MIAMI, FL 33137

City/State and Zip Code

alcolisti.usa@gmail.com

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

For further information concerning this matter, please call:

ANLLELINA TRIANA

Name of Person

at (786)

863-8149

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 DEC 10 PM 11:19

ALCOLISTI, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/15/2009 and assigned
Florida document number L09000057986.

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 "L.L.C."

Enter new principal offices address, if applicable:

3301 N.E. 1ST. AVENUE SUITE 1113

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33137

Enter new mailing address, if applicable:

3301 N.E. 1ST. AVENUE SUITE 1113

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33137

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:

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGR | MIGUEL SORIA | 4778 COQUINA KEY DR. ST. PETERSBURG, FL 33705 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | ANLLELINA TRIANA | 3301 N.E. 1ST AVENUE SUITE 1113 MIAMI, FL 33137 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NEW SHARE HOLDERS STRUCTURE

ANLLELINA TRIANA 100% UNITS

REGISTRATION OF EMPLOYER IDENTIFICATION NUMBER

EIN 26-2679439

Dated DECEMBER 7, 2009



Signature of a member or authorized representative of a member

ANLLELINA TRIANA/ MANAGER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA