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## **COVER LETTER**

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SUBJECT	: ALCE			<del></del>
		Name of Lin	пнед Liability Company	
The enclos	ed Articles of Ar	nendment and fee(s) are sub	bmitted for filing.	
Please retu	rn all correspond	lence concerning this matter	r to the following:	
		TSA	ac Franco	
			Name of Person	
		ISA	ac Franco CPA	22
SUBJECT: ALCE FLORIDA HOLDINGS, LUC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for tilling.  Please return all correspondence concerning this matter to the following:  TSAAC FRANCO Name of Person  ISAAC FRANCO CPA Firm/Company  25 SE 2Nd ALENDE SOLIFE 40-7  Addres  MIAMI, FL 33/3-1  City/State and Zip Code  ISAAC FRANCO CPA Fundl address:  LSAAC FRANCO CPA Fundl address:  TSAAC FRANCO CPA Firm/Company  25 SE 2Nd ALENDE SOLIFE 40-7  Address  MIAMI, FL 33/3-1  City/State and Zip Code  ISAAC FRANCO CPA Fundl address:  STEAAC FRANCO PA  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810				
	Division of Corporations  DBJECT: ALCE FLERIDA HOLDINGS LUC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling, case return all correspondence concerning this matter to the following:  TSAAC FRANCO Name of Person  TSAAC FRANCO CPA Firm Company  25 SE 2nd ALENUE SCIPE 404  Address  MIAMI FL 3313   City/State and Zip Code  TSAAC FLANCO CPA Formal address: to be tasked for future annual report notification)  For further information concerning this matter, please call:  TSAAC FLANCO Name of Person  Area Code  Daytime Telephone Number  Telephone Number  Telephone String Fee Crifficate of Status  Certificate of Status & Certificate Copy (additional ropy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  2415 N. Montroe Street, Suite 810			
			Address	
	Division of Corporations  BLECT: ALCE FLORIDA HOLDINGS LICE  Name of Limited Liability Company  e enclosed Articles of Amendment and feets) are submitted for filing.  asserturn all correspondence concerning this matter to the following:  TSAAC FRANCO  Name of Person  TSAAC FRANCO CPA  Firm-Company  25 SE 2vd ALENGE SOLIFE 464  Address  MLAMI FL 33131  City/State and Zip Code  TSAAC FLANCO CPA COM  E-mail address: (to be used for fitture annual report notification)  r further information concerning this matter, please call:  TSAAC FRANCO  Name of Person  Area Code  Dayrine Telephone Number  closed is a check for the following amount:  1 \$25.00 Filing Fee Soliting Fee & Certificate of Status & Certified Copy  (additional copy) is enclosed.  Mailling Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
			City/State and Zip Code	
		ISAACQ I	SAACFRANCOCPA. COM	
For further	information con			
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		porations		
		. 32314		nite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

()F

(A Florida Limited Liabi	ility Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on and assig	gned
Florida document number		
This amendment is submitted to amend the following:		or the abbreviation "L.iC."  22 AUG 15 AH  80 55 BH  10 10 10 10 10 10 10 10 10 10 10 10 10 1
A. If amending name, enter the new name of the limited liability	v company here:	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	22 A	<u> </u>
_	, local designation of the control o	<u> </u>
Enter new mailing address, if applicable:	16	<u>:-</u>
(Mailing address MAY BE A POST OFFICE BOX)		
_	••	3·:
		:: }
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new</u>	<u>registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip Code	

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>	Address	Type of Action
MGR	CAPELA PARTNERS LTD		□Add
		MIAMI, FL 33/31	[X]Remove
			_ <del>9</del> (nemove
			□Change
MER	ALEVANDRO MIGNONE	25 SE 2ND AVE SCITE 40	<u>}</u>
		MIAMI, FL 33/31	
			□Remove
			□Change
MGR	CECILIA A. FARRELL	NOSE BONIFACIO 352 CABA	\$\overline{\sum_2} \overline{\sum_2} \overlin
		PLENOS AIRES, ARGENTANA	
		CP 1424	□ Remove
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effective te: If the	te, if other than the da late is listed, the date must be date inserted in this block	specific and cannot be does not meet the a	prior to date of filing	g or more than 90 days v filing requirements	after filing.) Pursuant to this date will not be	605.02 listed :
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cord spec s filed.	ifies a delayed effective da	te, but not an effect	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day a	fter th
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Filing Fee: \$25.00