

109 000065567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

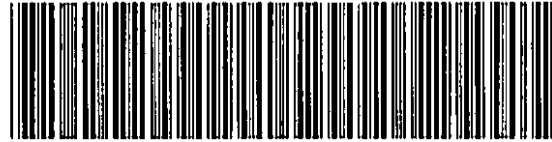
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08/16/22--01008--015 \*\*25.00

22 AUG 16 AM 8:59  
DIVISION OF COURT CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALCE FLORIDA HOLDINGS, 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:

ISAAC FRANCO

Name of Person

ISAAC FRANCO CPA

Firm/Company

25 SE 2nd AVENUE SUITE 407

Address

MIAMI, FL 33131

City/State and Zip Code

ISAAC@ISAACFRANCCPA.COM

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

For further information concerning this matter, please call:

ISAAC FRANCO

Name of Person

at ( 305 )

Area Code

371-9818

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 AUG 16 AM 8:59

DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Alice Florida Holdings, LLC

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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 contain the words "Limited Liability 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

22 AUG 16 AM 8:59  
DIVISION OF CORPORATE REGISTRATION

**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 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CAPELA PARTNERS LTD</u>	<u>25 SE 2ND AVE # 407</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33131</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ALEJANDRO MIGNONE</u>	<u>25 SE 2ND AVE SUITE 407</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33131</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>CECILIA A. FARRELL</u>	<u>JOSE BONIFACIO 352 CABA</u>	<input checked="" type="checkbox"/> Add
		<u>BUENOS AIRES, ARGENTINA</u>	<input type="checkbox"/> Remove
		<u>CP 1424</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 AUG 16 AM 8:58  
DIVISION OF STATE CORRECTIONS

22 AUG 16 AM 8:59

22 AUG 15 AM 8:59

Division of Children's Health

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/11/2022

Signature of a member or authorized representative of a member

ISAAC FRANCO CPA

Typed or printed name of signee

**Filing Fee: \$25.00**