IOC	C	C)2	74	48	

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	·
	Office Use Or	niy
	-	

۰,

٩

. . . .



10/05/17--01024--009 **25.00

17 Cor-J Killy

· -

CCT 0 2007

COVER LETTER

TO: **Registration Section** Division of Corporations

ALBERTO51, LLC.

SUBJECT:

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:

MANUEL DINER.

Name of Person

MANUEL DINER P.A

Firm/Company

17110 ROYAL PALM BLVD #3

Address

WESTON, FL, 33326

City/State and Zip Code

MDINER@DINERLAW.COM

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

For further information concerning this matter, please call:

MANUEL DINER

305 825.8151. 305 82 at (_____) Area Code Daytime Telephone Number Name of Person

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

ALBERTO51, 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 L10000027448	

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)						
		-	ر ، ر . ا ــــ			
		-				
B. If amending the registered agent and/or registered office address on our records,	<u>enter</u>	<u>the</u>	name o	of the new	w	
registered agent and/or the new registered office address here:		••	-			
		•	<u> </u>			
Name of New Registered Agent:			<u> </u>			
New Registered Office Address:						
Enter Florida street address						
, Flor	ida					
City		7	in 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	Name	Address	Type of Action
MBR	VANESSA DUENAS BROWN	9806 ARNON CHAPEL RD	🖬 Add
		GREAT FALLS, VA. 22066	Remove
			Change
			Add
			Remove
		<u></u>	Change
			Add
			Remove
			Change
			/ Remove
			⊡'Change
			, <u>c</u> Add
			Change
<u>.</u>			🛛 Add
			Remove
			Change

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

. ,			
	· · · · · · · · · · · · · · · · · · ·		
·····			
<u></u>			
· · · · ·			
		· • • • • • • • • • • • • • • • • • • •	
			v
			*-
			,
			1
			× 1
			÷.
			<u>.</u>
ve data lif other than the date of fi	lina	1	-

E. Effective date, if other than the date of filing: ______(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/28

2017

 \sim

Signature of a member or authorized representative of a member

Manuel Dinea Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00