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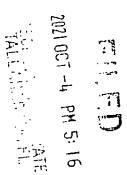
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PICK-UP	WAIT	MAIL
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Special Instructions to Filin	ng Officer:	





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COVER LETTER

Division of Corp				
SUBJECT: AIL	n Resource S-	trategies, LC		
The enclosed Atticles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Doroth	y Ann Allen Name of Person		
	Allen Resol	urce Strutegie:	S, LLC	
	981 Wild	WOOD DR.		~ >
	melbourn	EFL32940 City/State and Zip Code 2 @ gmail. CO	m	2021 OCT -4 PH 5: 16
	da allen E-mail address: 10	2 & g mail. C 0	Mication)	
For further information co	oncerning this matter, please ea			्रा या
Dorothy &	tnn Allen Person	at (<u>371)</u> LL 57 Area Code Daytim	2.4433 E e Telephone Number	新。 16
Enclosed is a check for the	e following amount:			
VI \$25.00 Filling Fee	□ \$30,00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(2 \$60,00 Filing F Certificate of S Certified Copy yadditional copy is	Status &
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allen Desource Strategies, 11.C.

(Name of the Limited Liability Compan (A Florida Limited Li	av as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1000099999</u>	Clastanta
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" of 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)	TALL PH S
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent	
New Registered Office Address:	Enter Florida strees address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
<u>mg</u> R	& Dorothy Ann Aller	1 981 WILDWOOD DR.	_ LAdd
		melbourne Pr 32940	_ □Remove
			□Change
president	Dorothy Ann Allen	981 WILDWOOD DR	□Add
		Melbourne PL 32946	_ ERemove
			□Change
m <u>ar</u>	James Thomas mallon	981 Wildwood DR	_ FF9qq
	iviation	981 Wildwood DR Melbourne Pr32940	ZRemove 7
			_ ∐Ghange ෛ
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Effective date, if	f other than the date of f	filing:ic and cannot be prior to do	(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	optional) after filing.) Pursuant to 605,0	207 (3
Note: If the date i	inserted in this block does ive date on the Department	not meet the applicable	statutory filing requirements	, this date will not be listed	as th
the record specifies a ford is filed.	a delayed effective date, bu	it not an effective time,	at 12:04 a.m. on the earlier o	f: (b) The 90th day after t	he
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Dated OCT	sper 1				
	lor	ethy In	e Cllen		
	ignature	of a myrhber or authorized	representative of a member		
	orothy Ar	•			

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Filing Fee: \$25.00