# 10000111249

(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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(Document Number)			
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B. KOHR

JUN 25 2012

EXAMINER



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06/22/12--01012--024 \*\*30.00



# **COVER LETTER**

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	istration Section ision of Corporations			
SUBJECT:	ALEBRE 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:			
	GREG HADDAD			
Name of Person				
ALEGRE LLC				
	Firm/Company	<u>, 9</u>		
1534 St N				
Address (N)				
	City/State and Zip Code	والمراق المست		
City/State and Zip Code  E-mail address: (no be used for future annual report notification)				
For further information concerning this matter, please call:				
	OREG HANDAN at (			
Enclosed is	check for the following amount:			
	1			
\$25.00 F	iling Fee \$\sigma \frac{\$30.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}} \text{Certified Copy Certified Copy (additional copy is enclosed)}} \text{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

ALEGRES IL	C
(Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company value of Double of Company value of Company	were filed on 10/25/10 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	GRED HADDAD 273 Central Ave Street & 22201
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	GREZ HAMDAM 273 Central Ave St-Pete, F2 33701
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	256 HADDAD
New Registered Office Address: 27	) 3 Central Ave
St	Perfer Florida street address Perferming Florida 33701
No. Bucha and all of the state	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 **Title** Name **Address Type of Action** ☐ Add **Z**-Remove ☐ Add ☐ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Honoon GKEG Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00