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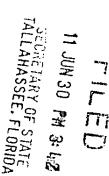
(Re	questor's Name)			
(Ad	dress)			
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D. BRUCE
JUL 0 1 2011
EXAMINER

COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
SUBJECT: ALR			OGES LLC	
SUBJECT:			Name of Limited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspor	ndence concerning this matter	to the following:	
			Carolina Beleniski	
			Name of Person	
			Firm/Company	
		364	0 Yacht Club Dr. #1404	
			Address	
			Aventura, FL 33180	A
		,	City/State and Zip Code	
		dr	usynkier@gmail.com	JUN 30 CHETARY AHASSE
		·	o be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please of	all:	
	Dami	an Nusynkier	at (786) 553-7228	
	Name of	Person	Area Code & Daytime Telephone	Number D 11
Enclose	ed is a check for the	e following amount:		
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Registra	NG ADDRESS: ution Section of Corporations x 6327	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building	ESS:

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

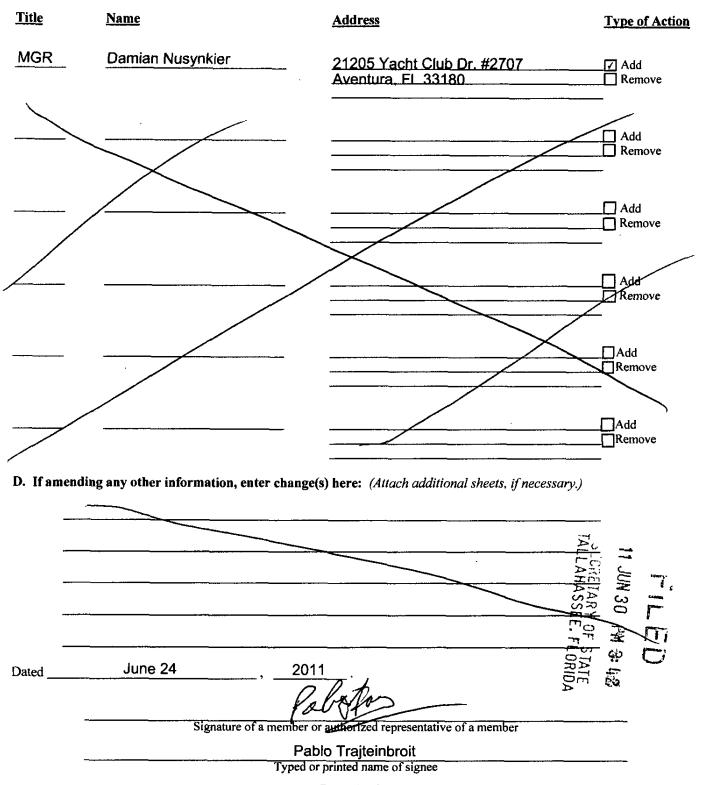
ALROGES LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Company)	ppears on our records.)
(*************************************	<i>y</i> /
The Articles of Organization for this Limited Liability Company were filed on	02/21/2011 and assigned
Florida document numberL11000021786	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>y here</u> :
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	HA HA
	SSEN 30
Enter new mailing address, if applicable:	of si
(Mailing address MAY BE A POST OFFICE BOX)	PAT TO
	
B. If amending the registered agent, and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
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 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 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



Page 2 of 2

Filing Fee: \$25.00