

L11000023744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

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Certificates of Status

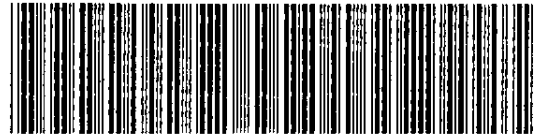
Special Instructions to Filing Officer:

A. LUNT

JUN 21 2010

EXAMINER

Office Use Only



700207300357

05/09/11--01040--024 **43.75

06/21/11--01011--005 **45.00

2011 JUN 20 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2011

GLORIA S RUIZ
6065 NW 167TH STREET
B10
MIAMI, FL 33015

SUBJECT: AL SER, LLC
Ref. Number: L11000023744

We have received your document for AL SER, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 611A00012497

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AL SER. LLC

DOCUMENT NUMBER: L11000023744

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLORIA S RUIZ

Name of Contact Person

GSR ACCOUNTING SERVICE

Firm/ Company

6065 NW 167 STREET, B10

Address

MIAMI, FL 33015

City/ State and Zip Code

gsruiz@bellsouth.net

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

For further information concerning this matter, please call:

GLORIA S RUIZ

Name of Contact Person

at (305)

557-1588

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AL SER, 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 2/24/11 and assigned
Florida document number L11000023744.

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 end with 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**)

FILED
2011 JUN 28 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City, 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 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
MGR	DIEGO GUSTAVO CASTRILLON 12.5%	17011 N. BAY RD #407 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JUAN C.M. CERIANA 37.5%	17011 N. BAY RD #407 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEXANDRO A. ALVAREZ 50%	17011 N. BAY RD #407 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

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

Dated

MAY 26, 2011

Signature of a member or authorized representative of a member

DIEGO GUSTAVO CASTRILLON

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 20 AM 11:30
FILED