L11000035679

(Re	questor's Name)			
. (Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



600236228266

06/26/12--01006--021 **55.00

12 JUN 26 AH II: 58

COVER LETTER

Division of Co	rporations ·	•				
SUBJECT:	ALN A	MERICA, LLC				
		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		GARY C MATZNER				
		Name of Person				
	KC	PELWITZ & OSTROW	•			
	Firm/Company					
	800 S DOUGLAS RD SUITE 530					
		Address				
	CO	RAL GABLES, FL 3313	4			
	City/State and Zip Code					
	E-mail address: (to be used for future annual report	notification)			
For further information	concerning this matter, please	•	· · · · · · · · · · · · · · · · · · ·			
CLopez@	homerbonner.com	at (305)	350-5100			
Name	of Person	Area Code & D	aytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	▼ \$55.00 Filing Fee &	\$60.00 Fili	na Fee		
	Certificate of Status	Certified Copy (additional copy is enc	Certificat losed) Certified	te of Status &		

TO:

Registration Section

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

FILED

12 JUN-26 AM 11: 58 ALN AMERICA, LLC (Name of the Limited Liability Company as it now appears on our records HASSEE, FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned L11000035679 Florida document number 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) 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 _, Florida ___ Zip Code City

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 Type of Action Name Address **MGRM** ARTURO LOPEZ 60 SW 13 ST ☐ Add ∇ Remove MIAMI_FL 33130_ MGRM ALBERTO A LAMADRID 2800 BISCAYNE BOULVEARD ✓ Add 11th FLOOR Remove MIAMI FL 33137 $\prod Add$ ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article V The Membership Interest of the company shall consist of 100 Units representing. 100% of the ownership interest. June 19 <u>ග</u> Signature of a member or authorized representative of a member Gary C Matzner, Esq, as authorized representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00