## 11000104369

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Certified Copies		Certificate	s of Status

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SEP 21 2011

**EXAMINER** 

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJECT	Γ:	ALLIAN	ICE TWO, LLC	
1			ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	proitted for filing	
	,		_	
Please rett	um all correspo	ndence concerning this matter	to the following:	
			MARINA SANCHEZ	
			Name of Person	<i>,</i>
		A	LLIANCE TWO, LLC	<u>.                                    </u>
			Firm/Company	
	13255 SW 137 AVE STE 103			
			Address	
			MIAMI, FL 33186	
			City/State and Zip Code	
			ME6917@GMAIL.COM to be used for future annual report in	otification)
For further	r information co	oncerning this matter, please c		
	MARI	NA SANCHEZ	at(786)	3126143
	Name of	Person		time Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIANCE	TWO, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	09/12/2011	and assig	gned
Florida document number L11000104369				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	nny," the designation "	LLC" or the ab	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
•	<u> </u>		·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>	
	<u> </u>			
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		our records, enter	the name of	the new
			Sic -	
Name of New Registered Agent:				
New Registered Office Address:			TO	eransensis
	En	ter Florida street add	and sage	∯ ₹ <b>™™</b>
	City	, Florida		
Non-Boristand April St. Accept 16 th or to B	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>		100 P	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action** MGRM MARINA SANCHEZ 13255 SW 137 AVE ✓ Add SUITE 103 Remove MIAMI, FL 33186 ☐ Add 🔲 Remove ☐ Add Rcmove Remove □Add Remove ∏Add Remove

-	<u> </u>
-	
Dated	SEPTEMBER,15 , 2011 //.
	O Carearas Con
	Signature of a member or authorized representative of a member
	MARINA SANCHEZ

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

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00