# 111000124556

(Re	equestor's Name)	
(Ad	dress)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•				
erin		ssociates LLC					
SUB	JECT:	Name of Lim	ited Liability Company		<del></del>		
The	enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.				
Plea	se return all correspo	ndence concerning this matter	to the following:				
		Jayme Alfano					
			Name of Person				
		Alfano & Associates LLC					
			Firm/Company				
		3830-5 Williamsburg Park	Blvd.				
			Address				
		Jacksonville, FL 32257					
			City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·		
		jgalfano@financ E-mail address: (	ialguide.com	report notification)	<del></del>		
For	further information c	oncerning this matter, please ca	all:				
Jayı	ne Alfano		904	636-0460			
Name of Person			Area Code	Daytime Telephone Number			
Encl	osed is a check for the	ne following amount:					
	\$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end	closed) (	50.00 Filing Fee, Certificate of Status & 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

Alfano & Associates LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C Florida document number L11000124556	Company were filed on November 1, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLe	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S D T
(Principal office address MUST BE A STREET ADD)	RESS)	16 DEC 16
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 mg 10 mg 12 mg
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		is, enter the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addre	
		lorida Zip Code
	City <sup>,</sup>	гір Соае

### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Judith A. Alfano	3830-5 Williamsburg Park Blvd.	<b>_</b> Add			
		Jacksonville, FL 32257	Remove			
			☐ Change			
		- M				
			Remove			
			Change			
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