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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Endly Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER



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SERVICE AND STATE
SALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

| SUBJECT: | Alexdi LLC | | |
|---------------------------|--|---|--|
| | Name of Lim | ted Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | Mark] | E. Kass, Esquire | · · · · · · · · · · · · · · · · · · · |
| | | Name of Person | |
| | Mark Ev | vans Kass, PA | |
| | | Firm/Company | |
| | 1497 NW 7 | th Street | |
| | | Address | |
| | | | |
| | Miami, Fl | | |
| | | City/State and Zip Code | |
| | MEKI | PA@aol.com to be used for future annual report notifical | tion) |
| | | • | aon) |
| For further information | concerning this matter, please of | all: | |
| Mark E. Kass | | at (305) 541-7647 | |
| Name | of Person | at (<u>305</u>) <u>541-7647</u> Area Code & Daytime T | elephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 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 Building2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Alexdi LLC | | | | |
|--|---|--------------------------------|--------------------|----------------------------|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appe da Limited Liability Company) | ars on our records. | | |
| The Articles of Organization for this Limited Liabilit | y Company were filed on | 11/23/11 | and assigned | d |
| This amendment is submitted to amend the following | ; : | | | |
| A. If amending name, enter the new name of the | limited liability company he | ere: | | |
| The new name must be distinguishable and end with the 'L.L.C." | | | | viation |
| Enter new principal offices address, if applicable: | | 8 Inagua Avenu | e ≸en | |
| Principal office address MUST BE A STREET AD Enter new mailing address, if applicable: | | mi, FL 33133 | SEM LARY | States States States |
| Mailing address MAY BE A POST OFFICE BOX | Miami, l | FL 33133 | AM II: 2 | <u> </u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | | our records, enter | Wifti CO Page 1 | new |
| Name of New Registered Agent: | Diana Mejia | | | |
| New Registered Office Address: | 2488 Inagua Ave | enue nter Florida street aa | . î | |
| | | | | |
| | Miami | , Florida _ | 33133 | — |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing Registe | ered Agent: | | | |

N

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

Page 1 of 2

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------------------------|--|-------------------|
| MGRM_ | Alejandro Bowers | 1365 NW 55 Terrace, Miami, FL 33142 | Add X Remove |
| MGRM | Diana Mejia | 2488 Inagua Avenue Miami, FL 33133 | |
| | | | Add Remove |
| | <u> </u> | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter c | hange(s) here: (Attach additional sheets, if necessary.) | |
| | | | _ _ |
| | | | - - |
| Dated | 7 | ane Mer | |
| | Diani | yped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00