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(Cit	y/State/Zip/Phon	e #)
		
PICK-UP	∐ WAII	MAIL ·
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section , Division of Corporations

SUBJECT:

Alana Marel, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helena Marel

Name of Person

Alana Marel, LLC

Firm/Company

400 S Pointe Dr., #1206

Address

Miami Beach, FL 33139

City/State and Zip Code

alana.marel@hotmail.com

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

For further information concerning this matter, please call:

Alana Marel

_{31/}305₁764-4279

Name of Person

Area Code & Daytime Telephone 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 Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 FEB -4 PM 5: 35

Alana Marel, LLC			10 115 -4 PM 5: 37
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on o ability Company)	ur records) 647 (1-6141)
The Articles of Organization for this Limited L Florida document number 45-4722237 - E L12000324	iability Company	were filed on 03/07/12	
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
Helena Marel, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Company," th	e designation "LLC" or the abbreviatio
Enter new principal offices address, if applic	able:	no change	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		no change	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of	•		cords, enter the name of the nev
Name of New Registered Agent:	no change		
New Registered Office Address:	no change		
		Enter Flo	rida street address
			, 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 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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
		<u> </u>	Remove
			Add
			Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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_ I	
	All H
	Signature of a member or authorized representative of a member
	Helena Marel
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00