

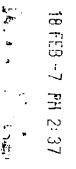
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration So Division of Co		
Aleire LLC SUBJECT:		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Sefena Cooper	
	Name of Person	
	Aleire LLC	
	Firm/Company	
	777 S Flagler Drive, Suite 800 - West Tower	
	Address	
	West Palm Beach, FL, 33401	
	City/State and Zip Code	
	accounts@aleire.com E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Sefena Cooper	954 770-8859 at ()	
Name o	of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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

Aleire LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability (and assigned
Florida document number 1.12000073143	·	
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 "LLC" of	or the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	p 1
		??
Enter new mailing address, if applicable:		٠. نير نب • نير
(Mailing address MAY BE A POST OFFICE BOX)		-TI.
<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis	stered office address on our records,	enter the name of the
registered agent and/or the new registered office add	<u>lress here</u> :	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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 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	Angela Crum	7240 NW 45th Street	
		Lauderhill, FL, 33319	Remove
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			Add
			Remove
			Change
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			Remove
			Change
			
			☐ Remove
			□ Change

Effective date, if other than the date of filing: 2/1/2018 (optional)	•			
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Typed or printed name of signee

Filing Fee: \$25.00