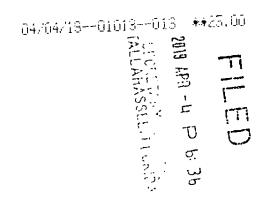
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Office Use Only



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#### **COVER LETTER**

Division of Corporations
SUBJECT: <u>ALICOR ENTERPRISES LLC - L12000091279</u> Name of Limited Liability Company EIN # 35-24-50414
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HANIEF MICHAEL ALI Name of Person  ALICOR ENTERPRISES LLC Firm Company  5107 WINDINGBROOK TRAIL Address  WESLEY CHAPEL FLORIDA 335443  City/State and Zip Code alicor //c @ yahoo.com is-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Hanse Michael Ali at (813), 758 - 0245  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

xecutive Center Circle Issee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ALICOR ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limit	ed Liabiluy Company)
The Articles of Organization for this Limited Liability Compared Florida document number $\frac{L12000091279}{L12000091279}$ .	any were filed on July 12 <sup>TH</sup> 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	List City
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SSA/A
	- <del> </del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address had been addressed agent.	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	N/A N/A
New Registered Office Address:	Enter Florida street address
	Planid.

#### 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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

TIMA

Zip Code

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

Address	Type of Action
E HOLDINGS LLC	
NY 88 001	Remove
2630 PEARCE	
CLEARWATER, FL	L 1 A G G
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	Change
LI] BENSON	PAND TO THE PARTY OF THE PARTY
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ective date, if other than the date of fi effective date is listed, the date must be specific	and cannot be prior to date of filing or more tha	(optional) n 90 days after filing.) Pursuant to 602	5,0207 (3)(b)
e: If the date inserted in this block does numert's effective date on the Department	of meet the applicable statutory filing requ of State's records.	irements, this date will not be list	ed as the
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record specifies a delayed effectiv	re date, but not an effective time,	at 12:01 a.m. on the earli	er of:
he 90th day after the record is file	≧d.		
ed MARCH 28TH	2019		
	-: <del></del>		
Hand Hichar	1 Mili		
Signature (	of a member or authorized representative of a m	ember	
HANIEF MICHAEL	ALI		
	Typed or printed name of signee		

Filing Fee: \$25.00 🗸