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COVER LETTER

Division of Corporations
BJECT: AL - X WORKS LLC. Name of Limited Liability Company
e enclosed Articles of Amendment and fee(s) are submitted for filling.
ase return all correspondence concerning this matter to the following:
AL-X WORKS, LLC. Firm/Company
991 19th St SW Address
Address NAPICS City/State and Zip Code City/State and Zip Code
City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call:
Alexander Riveros at (239) 404-4366 Name of Person Area Code Daytime Telephone Number
closed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

A1-X Works	LLC.	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ou ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on $\underline{\mathcal{CS}}$	$\frac{127/201Z}{2}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
N/R		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
		AF 20
Enter new mailing address, if applicable:	NA	APP FEB 28
(Mailing address MAY BE A POST OFFICE BOX)		
		SIT EB
		5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the nev
	•	
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida stre	et address
	Cin	, Florida
	City	∠ <i>ір ∪оае</i>

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 Title <u>Address</u> **Type of Action** Name MGR HERMANN KOPPER, 5705 SECI Grass IN MADO ☐ Change □ Add ☐ Remove ☐ Change ☐ Add emove ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.		
f the record specifies a delayed effective date, but not an effective time, at 12 b) The 90th day after the record is filed.	:01 a.m. on the o	earlier of:
Dated FEBRUARY 76 2019.		
Signature of a member or authorized representative of a member		
ALEXANDER RIVEROS. Typed or printed name of signee		_

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Filing Fee: \$25.00