

	questor's Name)	
(Re	questors (varie)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(,	··· - ,
(De	ocument Number)	
(00	kument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

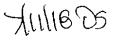




600315393686

07/09/18--01037--017 ++75.00

. .



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALARIANA LLC	
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on9/11/2	and assigned
Florida document number <u>L12000116601</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADE	ORESS)	
		,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street addr	ess
· .		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 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	JAYCE TY ENGELHARD, TRUSTEE OF THE ENGELHARD FAMILY REVOCABLE LIVING TRUDTD. 6/6/14	ps T	
			Remove
			l Change
MGR	CLARISSA ENCELHARD, TRUSTEE OF THE ENCELHARD FAMILY REVOCABLE LIVING TRUS	τ	Add
			Remove
			J Change
MGR	JAYCE TY ENGELHARD, INDIVIDUALLY		
			Remove
			O'Change
MCR	CLARISSA ENCELHARD, INDIVIDUALLY		
			Remove .
			Change
			DbA D
			□ Remove
			□ Change
			Remove
			Change

						· · · · · · · · · · · · · · · · · · ·	···	
					-	<u>-</u>		•
								
	···							
								
				 -				
								
								
								
	····				<u></u> ,	·· ,		
						<u> </u>		
							·	
								
								
<u>Note:</u> If the	e date inserted i	han the date of date must be spe- in this block doe on the Departme	es not meet i	the applicable	ate of filing or me statutory filing	(0) re than 90 days a requirements.	otional) fter filing.) Pursua this date will not	it to 605,0207 be listed as
		delayed effec the record is		, but not a	n effective ti	me, at 12:0	1 a.m. on the	earlier of
ated	6/291	18	 ·	·				
					\supset			
			ire of a f ocul					

Page 3 of 3

Filing Fee: \$25.00