## L13000066134

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

M. Garager JUN 2 7 20121

## COVER LETTER

TV: Registration So Division of Cor	ection porations	· Ka	grand and the second
SUBJECT: ALIS	A, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nat	alia Nikitina	
		Name of Person	
		Firm/Company	
	1965 S.	Ocean Dr, Ste 12	D
		Address	<del> </del>
	Halland	ale, FL 33009	
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notificati	on)
For further information c	concerning this matter, please c	all:	
•		at ()at ()	
Name o	f Person	Area Code & Daytime Te	dephone Number
Enclosed is a check for the	he 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 2013 JUN 26 PM 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ALISA, LLC		TALLAHADOGGAT
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000066134</u> .	were filed on 05/06/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1965 S. OCEAN DR	
(Principal office address MUST BE A STREET ADDRESS)	STE 12D	
	HALLANDALE, FL 3300	09
Enter new mailing address, if applicable:	1965 S. OCEAN DR	
(Mailing address MAY BE A POST OFFICE BOX)	STE 12D	
	HALLANDALE, FL 3300	09
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		enter the name of the new
	Enter Florida st	reet address
	, Flo	rida
	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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager MGRM = Managing Member **Title** <u>Address</u> Type of Action <u>Name</u> Remove Remove Remove

If amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)
1	
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<sub>d</sub> June 21	, 2013
	Est -
	Signature of a member or authorized representative of a member
	Natalia Nikitina
<del> </del>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00