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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: ALEROD MANAGEMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRA C BLANCO BRICO-10

Name of Person

Prim/Company

2051 ROTAGSANICE BLVD APT 102

Address

MIRATHAR FL 33025

City/State and Zip Code

INFO C ALEXOMANIAGE TOTT. COT

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEDAHOLA BLANICO at (352) 215 4172

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

	ACCEPTONI LUC	<del> </del>
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on ou lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lial Florida document number <u>L13000074</u>	oility Company were filed on 6	
This amendment is submitted to amend the follow		SECR DIVISION
A. If amending name, enter the new name of t	he limited liability company here:	
		<b>9</b> 0 5 5
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	<b>あ</b> 空 <sup>に</sup>
(Principal office address MUST BE A STREET	ADDRESS)	•
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or		cords, enter the name of the new
registered agent and/or the new registered offi	ce address here:	
Name of New Registered Agent:	ALEJANDRA C BLAM	co beicarlo
New Registered Office Address:		E BVO APT LOZ prida street address
	MILAMAR	2272=
	City	, Florida <u>33025</u> Zip Code
Now Designated Agent's Signature if shanging De	oristared Agents	Dip Grad

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> ALEJAHDRA C BLANCO BRIGOD MGR 2051 POTHISSATICE BIVD APT Remove MILAMAR FI 33025 Remove SECRETOR SECRETOR Remove Remove Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	. 16. 2013
	Signature of a member or authorized representative of a member
-	ALEJAHOLA C BLANCO BEICENO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRE IAN DEPORTIONS
DIVISION OF CORPORATIONS