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TALLAHASSEE FLORIDA

FEB 02 2015

J. BRUCE

COVER LETTER

TO: **Régistration Section**
Division of Corporations

SUBJECT: Alegria Partners, 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:

mukesh Assomull

Name of Person

c/o Taubco

Firm/Company

9551 East Bay Harbor Drive

Address

Bay Harbor, Florida

City/State and Zip Code

mukesh@talasky.com

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

For further information concerning this matter, please call:

Joanna Alonso

Name of Person

at (305) 861-8181

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Relison United, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/21/2013 and assigned Florida document number L13000089947.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Alegria Partners, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

C/O Taubco

9551 East Bay Harbor Drive
Bay Harbor, Florida 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same

New Registered Office Address:

9551 East Bay Harbor Drive

Enter Florida street address

Bay Harbor

City

, Florida 33154

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

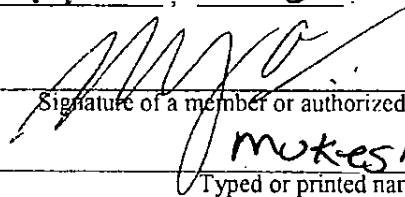
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mukesh Assomull	9551 East Bay Harbor Dr.	<input checked="" type="checkbox"/> Add
		Bay Harbor, FL 33154	<input type="checkbox"/> Remove
MGR	Sanjiv Matta	9551 East Bay Harbor Dr.	<input checked="" type="checkbox"/> Add
		Bay Harbor, FL 33154	<input type="checkbox"/> Remove
MGR	Mukesh Assomull	1177 Kane Concourse	<input type="checkbox"/> Add
		Miami, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 19, 2015



Signature of a member or authorized representative of a member

Mukesh Assomull

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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