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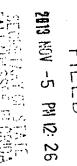
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COVER LETTER

TO: Registration Sect Division of Coape		•	
SUBJECT:	Alla	12, LLC	
SUBJECT:		ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	M ⁹ Fernar	nda Benitet Name of Person	•
		Key Drive # 0-3	
		Address	
	Miami	1, FL 33131	
	mfbenita E-mail address: (to	City/State and Zip Code CT Dardan and V o be used for future annual report notificati	Ma.coM
For firther information con	cerning this matter, please ca		
Vilma Beni Name of P	+CZ-	at (305) 374 977 Area Code & Daytime Te	6 7-
Enclosed is a check for the	-		
💢 \$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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2018 NOV -5 PM 12: 26

SECRETARY OF STATE

		CALLADIANCE, PERMUA
	A1612, LLC	
(Name of the Limited	Liability Commany as it now appe	я <u>тя оп онг гьсогдя")</u>
(A	Florida Limited Liability Company	
The Articles of Organization for this Limited L	ighility Commany were filed on	(0127/13 and assigned
		and assigned
Florida document mumber <u>L 130000</u>	12000	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company b	a115.*
A. II dis uding mais, that the new mais o	tene mimieri maomity company is	<u> </u>
TI	data da seria da de la compansión de la	22.4 . 1
The new name must be distinguishable and end wit "L.L.C."	in the words "Limited Liability Com	parry. The designation LLC or the appreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	ROY	
Triuming dudiess MAI DE A 1 051 0111CE	<u></u>	
	<u></u>	
B. If amending the registered agent and	an maistannel affice addines an	ann meant anten the name of the name
10 11 and the registered agent and or the new registered of		our records, enter the mank of the lew
		
Name of New Registered Agent:	Maria Fernana	da Romitaz
Mark of New Registered Agent.		· · ·
New Registered Office Address:		ey Drive #0-305
	E	Enter Florida street address
	Miami	Florida 33(3)
	City	. Florida <u>33</u> (3) Zip Code
New Registered Agent's Signature, if changing l	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

<u>Title</u>	Name	Address	Type of Action
MGR	Daniel Benitez	520 Brickell key Drug	Add Add
		<u> +0-305</u>	Remove
		Miami, Fr 33131	,
MGR	Maria Fernanda Beni	tez 520 Brickell Key D	Y. Add
		#0-305 Miani, Ft 33131	Remove
		Miani, Ft 33131	
	**************************************	WT-11-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1	Add
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1 Nover	nber	1	. 2013	• •		
		Signature of	nember or auth	orized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00

