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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Ale	acin International	tiona LLC led Liability Company	
	9		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tim Gos	Name of Person	
	Alegria T	-nt((n ational LLC Firm/Company	
	6402 B	Address	
	Toos @ A E-mail address: (u	City/State and Zip Code City/State and Zip Code	(OM
For further information con	ncerning this matter, please ca	all:	
Tim Goss Name of I	Person	at (<u>813)</u> 508-534 Area Code & Daytime To	clephone Number
Englosed 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 Fec, 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 AUG 26 PH 12: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alegria I	ntern	ational	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 Liabil Florida document number		were filed on	1, 20	13_ and assigned
This amendment is submitted to amend the followir	ng:			
A. If amending name, enter the new name of the	limited liabi	lity company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Lîmit	ed Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.		(040) Tampa	Badger 1 Fl 3361)r. 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ĸΩ	16402 Tanpa	Badger fr.	7
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered off address here	ice address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	6402	Badger 0	(. ter Florida street a	ddress
_	Tam	City	(. ter Florida street a	33610 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 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>	<u>Name</u>	Address	Type of Action
MGRM	Mile Mistietta	6402 Badges Or.	🔽 Add
		6402 Badges Dr. Tampa, Fl 33610	Remove
			Add
			Remove
			Remove
			_
<u></u>			
			Remove
			Add
			Remove
		-	_ Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	The original Managing Members, Timothy 5.
	Goss and holando Lopez, have enoneous addresses
	listed. Please change their addresses to 6402
	Gudager Or. Tampa, Fl 33610
Dated	August 22 2013.
	O Ta H
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 AUG 26 PH 12: 58
SECRETARY OF STATE TALLAHASSEE, FLORIDA