Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

Phone : (305)670-1991

Fax Number : (305)670-1993

**Enter the email address for this business entity to be used for future

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ALLIANCE 58, LLC**

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIANCE 58, LLC iability Company as it now appears on our records.)
Torida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on 10/02/2013 Florida document number <u>L130</u>00139009 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: GUZMAN & GUZMAN P.A. Name of New Registered Agent: 9130 S DADELAND BLVD STE 1509 New Registered Office Address: Enter Florida street address Florida 33156 MIAMI

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,

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Zip Code

15

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 Type of Action <u>Title</u> <u>Name</u> Address 485 BRICKELL AVE, APT 4910 MGRM SCALISI, GABRIELA MIAMI, FL 33131 485 BRICKELL AVE, APT 4910 MGRM ZIMERMAN, CARLOS A MIAMI, FL 33131

If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary)						
NOVEMBER 27	2013						
× and							
_	Signature of a member or authorized representative of a member SCALISI, GABRIELA						
	Typed or printed name of signee						
	Page 3 of 3						