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. (Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	W AIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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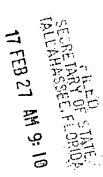
Office Use Only



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FEB 2 8 2017 S. YOUNG



COVER LETTER

TO: Registra	tion Section of Corporations
SUBJECT:	Alien Country LLC
	Name of Limited Liability Jompany
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prespondence concerning this matter to the following:
	Rocky Torres
	Name of Person Alien Country UC Firm/Company
	24706 Volterra Court
	Lutz Florida
	City/State and Zip Code You er that what mail. Gomes E-mail address: (to be used for future annual report potification)
	2 627
For further information	ation concerning this matter, please call:
/(c	xK4 Torres 11813, 298-4559 9
ì	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing 1	Fee Solution Status Solution S

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

Alian Countr	. / /		
(Name of the Limited Lightlity Compa	ny as it now annears	on our records)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	/ /	
The Articles of Organization for this Limited Lightlity Commons	ware filed on 2	16/2014	and assigned
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 4 00 00 2 0</u> 8 7	y /	/ 	and assigned
Florida document number <u>L/10000 EU.</u> 8 /	6		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here		
and the first the first of the fillinear har	andy company new		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
		,	
(Principal office address MUST BE A STREET ADDRESS)	V		
			3 E8
Enter new mailing address, if applicable:			B F
(Mailing address MAY BE A POST OFFICE BOX)	·		- N 5000
		<u> </u>	3
B. If amending the registered agent and/or registered of	ffice address on a	our records, enter t	- C.
registered agent and/or the new registered office address here		one i coords,	5 57
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida	a street address	
		, Florida	
	City	, 1 101 IGA	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agre	ee to act in this ca	pacity. I further agre	e to comply with th

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Type of Action Name Address** MBR Art Martin ☐ Remove ☐ Change ☐ Remove ☐ Change Remove ☐ Change MGR Alex Renan ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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activa da	te, if other than	the date of f	iina. Z	./2	5/ ZE	17 (ptional)	
effective d	ate is listed, the date	must be specific	c and cannot b	prior to date	of filing or mor	e than 90 days a	after filing.) Pu	rsuant to 605.020
	date inserted in th ffective date on th				atutory ming	requirements,	inis date wiii	not be fisied a
	pecifies a dela day after the			ut not an e	effective tir	ne, at 12:0	1 a.m. on	the earlier o
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		Signature	a member o	r authorized r	epresentative o	fa member		
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Page 3 of 3

Filing Fee: \$25.00