<u>1140000 20876</u>

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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WY LARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Alien Country LLC Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Rocky Arguinzoni Name of Person	
	Alien Country LLC Firm/Company	
	24706 Volterra Court	
	Lutz Florida Republic 33559	7
	Lutz Florida Republic 33559 City/State and Zip Code the alien Country (a) a mail. com E-mail address: (to be used for fulure annual report notification)	
For fu	rther information concerning this matter, please call:	
	Name of Person at (813) 298 4559 Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
≱ (\$2	25.00 Filing Fee U\$30.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2017

ROCKY ARGUINZONI 24706 SOLTERRA COURT LUTZ, FL 33559

SUBJECT: ALIEN COUNTRY, LLC Ref. Number: L14000020876

We have received your document for ALIEN COUNTRY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00022016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlien C	oun try	LLC			
(Name of the Limited) (A	Liability Company as it n Florida Limited Liability C	ow appears on our re Company)	cords.)	 -	
The Articles of Organization for this Limited Liabi Florida document number <u>L/4DOC</u>	ility Company were fil	ed on 2 6	2014	L and assigne	d
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability con	npany here:			
The new name must be distinguishable and contain the word	s "Limited Liability Comp	any," the designation "	'LLC" or the abbre	eviation "L.L.C."	,
Enter new principal offices address, if applicable	le:			<u> </u>	
(Principal office address MUST BE A STREET A	ADDRESS)		<u> </u>	7 PT:	
			10.13 37.53 27.53	-< 1/1984	
				φ \$' ''''.	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>		(2) =: 121 (2 = 	22 · .	
	<u></u>		F ()	d	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		Torr Volterr Enter Florida street ac	es a Cou		he new

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

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 Name Address** Type of Action 24706 Volterra Count MGR Torres
Lutz FL 33559 Schan
Mbk Liam Marcus 24706 Volterra Kadd Lutz Florada 33559 Change □ Add □ Remove ☐ Change 🖸 Add ☐ Remove ☐ Change ☐ Add □ Remove

☐ Change

•	Justin Patrick's full identification
	should include his family name on this amendment, Justin Patrick Torres
	this amount that Patrick Toms
	THIS WITE CONTENT SUSTINITION TO THE
	\cdot
	ctive date, if other than the date of filing:
(If an e Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
(If an e Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
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Filing Fee: \$25.00