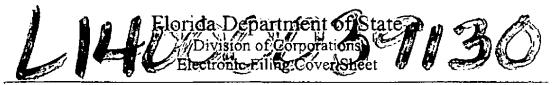
Division of Corporations



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(((H19000235732 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAUL SALVER, P.A. Account Number : I2002000087

Phone Fax Number

Email Address:

: (954)389-1333 : (954)389-1397

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ALEDANY, LLC

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COVER LETTER

TO:		istration Sec ision of Corp			
	6 7.	ALEDANY,	LLC		
SUBJE	C1:		Name of Limit	ed Liability Company	
The enc	losed	I Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn	all correspon	ndence concerning this matter (o the following:	
DANIELLA SANTANA					
				Name of Person	
				Address	 -
			D.SANTANA@PSCCPAS.	City/State and Zip Code COM	
			E-mail address: (to be used for future annual report no	otification)
For fur	ther i	information co	oncerning this matter, please co	all:	
DANIELLA SANTANA				954 778-7849 at ()	
		Name of	f Person	Area Code Dayti	me Telephone Number
Enclos	ed is	a check for th	ne following amount:		
		Filing Fee	S30.00 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				STREET/COU Registration Sco	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(((H190002357323)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEDANY, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our re- ability Company)	(dr.qr.)
The Articles of Organization for this Limited Liability Company vi Florida document number L14000039130		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
		<u>_</u>
The new name must be distinguishable and contain the words "Limited Linbilis	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		5. 9
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>2. 0, </u>
B. If amending the registered agent and/or registered office address here	fice address on our rec	ords, <u>enter the name of the new</u>
Name of New Registered Agent:	; 	_
New Registered Office Address:		
TVI IN PARTIES S. GIVE TEST SERVICE	Enter Florida street a	ddress
		, Florida
	Ciò	Ap Crise
New Registered Agent's Signature, II changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (s, and I am familiar with and 505, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

(((H190002357323)))

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	<u>Address</u>	Type of Action
MGR	ODREMAN, ALEJANDRO E	12655 NW 32 PLACE	
			Add
		SUNRISE, FL 33323	7.
			☐ Řemove
			Change
			
			Веточе
			Tig. 79
			□ Change
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			□ Remove
			Change
			CrumBe

(((H19000235732 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ত E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and comnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statetory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ AUGUST 8

Page 3 of 3

Typed or printed name of signee

GREGORY ODREMAN

Filing Fee: \$25.00