

L14000068010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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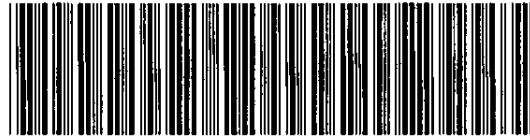
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
15 MAY 19 PM 2:30  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALEXR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL P JENNINGS

Name of Person

JM ASSOCIATES CPAS PC

Firm/Company

211-08 35TH AVENUE

Address

BAYSIDE, NY 11361

City/State and Zip Code

MICHAELJ@MYJMCPC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL P JENNINGS

718 281-4050  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALEXR 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 Liability Company were filed on APRIL 28, 2014 and assigned  
Florida document number L14000068010.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

750 N ATLANTIC AVENUE, UNIT 301

**(Principal office address MUST BE A STREET ADDRESS)**

COCOA BEACH, FL 32931

**Enter new mailing address, if applicable:**

JM ASSOCIATES CPAS PC

**(Mailing address MAY BE A POST OFFICE BOX)**

21108 35TH AVENUE

BAYSIDE, NY 11361

**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:**

Name of New Registered Agent:

JOSEPH RICUPERO

New Registered Office Address:

750 N ATLANTIC AVENUE, UNIT 301

Enter Florida street address

COCOA BEACH, Florida 32931

City

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH RECUPERO	750 N ATLANTIC AVENUE	<input type="checkbox"/> Add
		UNIT 304	<input checked="" type="checkbox"/> Remove
		COCOA BEACH, FL 32931 US	<input type="checkbox"/> Change
MGR	JOSEPH RICUPERO	750 N ATLANTIC AVENUE	<input checked="" type="checkbox"/> Add
		UNIT 301	<input type="checkbox"/> Remove
		COCOA BEACH, FL 32931 US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory 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 MAY 12, 2015

  
Signature of a member or authorized representative of a member

JOSEPH RICUPERO

Typed or printed name of signee

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DIVISION OF INCORPORATION  
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