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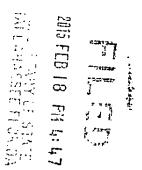
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ALAVUELTA Name of Lim	LLC lited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
	1933	3 COUNS AVE Address	#1902	
	SLA	City/State and Zip Code	33160	
	E-mail address: (to be used for future annual report noti		200 A
For further information c	oncerning this matter, please c	all:		
ILIANIA (EVIN f Person	at (305) 308 Area Code Daytim	- 8418 e Telephone Number	P
Enclosed is a check for the	ne 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

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

(Name of the Limited Liability (A Florida Li	Company as it now appear imited Liability Company)	rs on our records.)	- 		
The Articles of Organization for this Limited Liability Con Florida document number <u>L 1400082246</u>	npany were filed on	5/21/4		and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company he	ere:			
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the	designation "LLC" or	r the abbrev	riation "	L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		. ,	<u> </u>	
			<u> </u>	25	miles.
·				2	
Enter new mailing address, if applicable:				2	entitlest d
(Mailing address MAY BE A POST OFFICE BOX)			7 ¹ 77	- 0	; 3 A
			캶붌	, I	1. 2.25
	 		5,4	-	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, <u>e</u>	nter the	<u>name</u>	of the ne
Name of New Registered Agent:					
New Registered Office Address:					
·	Enter Flor	rida street address			
		, Florid	a		
	City		Z	ip Code	
New Registered Agent's Signature, if changing Registered A	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	utnorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ILIANA LEVIN	19333 COLUNS ALE #190	<u></u> □ Add
		SLNNY ISUTS, FR 33160	Remove
MGR	PEVOCABLE TRUCT	19333 COLLING AVE #190 SWNY ISLES, FR 33160	
			 □ Add
		32. T :	Remove
			Add Remove
			□ Remove
			C Add
			□ Remove

	(optional)
ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 to this document is filed by the Florida Department of State)	days after
FEBRUARY 9 2015.	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

