

L140000 889 64

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

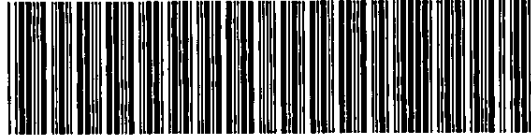
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AL PASTONE, 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:

ANDERSON S. BEZERRA

Name of Person

AL PASTONE, LLC

Firm/Company

1251 N UNIVERSITY DR

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

alpastone@outlook.com

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

For further information concerning this matter, please call:

ANDERSON S. BEZERRA

754 265-9815
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

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

AL PASTONE, 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 06/03/2014 and assigned
Florida document number L14000088964.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1251 N UNIVERSITY DR
CORAL SPRINGS, FL 33071

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:

BEZERRA, ANDERSON

New Registered Office Address:

1251 N UNIVERSITY DR

Enter Florida street address

CORAL SPRINGS

Florida 33071

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.


Anderson Bezerra
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	BEZERRA, ANDERSON S.	12142 NW 75th PL	<input type="checkbox"/> Add
		PARKLAND	<input type="checkbox"/> Remove
		FLORIDA, 33076	<input checked="" type="checkbox"/> Change
MGR	PEREZ, ALVARO	5433 NW 43RD WAY	<input type="checkbox"/> Add
		COCONUT CREEK	<input checked="" type="checkbox"/> Remove
		FLORIDA, 33073	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2016 BY 60322
UCBA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

Dated FEBRUARY, 01st 2016

BEZERRA, ANDERSON

Typed or printed name of signee

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SECURITY OFFICE
TALLAHASSEE FL 32304