(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Se Division of Cor			
ALF DELU	JS LLC		
SUIMECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHEL DE AMORIM		
		Name of Person	,
	DRUMMOND CPA LLC		
		Firm/Company	
	601 BRICKELL KEY DR.	, SUITE 901	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	MAMORIM@DRUMMON		1
	E-mail address: (to be used for future annual report noti	ification)
For further information of	oncerning this matter, please co	all:	
MICHEL DE AMORIM		781 770-0005	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FILED
2017 NOV 27 PH 4: 13
TALLAHASSEE. FLORIDA

ALF DELLIS 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 June 4th, 2014 and assigned Florida document number L14000089419 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: DRUMMOND CPA LLC Name of New Registered Agent: 601 BRICKELL KEY DR, SUITE 901 New Registered Office Address: Enter Florida street address , Florida 33131
Zip Code MIAMI Cin

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.

I 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Петоче
			☐ Change
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			Remarks The Remark
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fective date, if other than the effective date is listed, the date in listed, the date in this list.	e date of filing:		(option:	1 1)
			льне than 90 days after till nu requirements, this de	ng.) Pursuant to 605,0207 (Ayb
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record energiae a delace	od offortive deep .			
record specifies a delaye he 90th day after the re	cord is filed.	t not an effective	time, at 12:01 a.n	n. on the earlier of:
ed November 21st	. 2017		1	
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	///~	11/1/1	1	
	Signature of a member or	authorized representative	Call a company to a	

Page 3 of 3