# 14000094213

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T. HAMPTON

#### **COVER LETTER**

TO: **Registration Section** 

**Division of Corporations** 

Alejandro Espinal 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:

Alejandro Espinal Alejandro Espinal LLC Firm/Company 1312 Saxon Blvd Deltona FI 32725

City/State and Zip Code

Alejandroaespinal@gmail.com

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

For further information concerning this matter, please call:

# Alejandro Espinal

 $_{at}(407)455-0721$ 

Name of Person

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

Alejandro Espinal 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 Co	ompany were filed on 6/12/2014	and assigned
Florida document number L14000094213	_··	SE SE
This amendment is submitted to amend the following:		JUL
A. If amending name, enter the new name of the limit	ted liability company here:	28 AM
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designation "LLC"	or the aby eviation "L.L.C."
Enter new principal offices address, if applicable:		10 RIDA
(Principal office address MUST BE A STREET ADDR.	ESS)	****
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		enter the name of the new
registered agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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 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	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro Espinal	1312 Saxon Blvd	<b>=</b> Add
		Deltona FL 32725	□ Remove
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Page 3 of 3 Filing Fee: \$25.00

Typed or printed name of signee