L140000 9899

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<u>#</u>
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

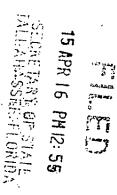
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APR 27 2015

COVER LETTER

TO: Registration Sec Division of Corp			
ALFA FDI			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JULIO COLOZZA H	OFFMANN	
		Name of Person	
	ALFA FDI LLC		
		Firm/Company	
	3921 SW 47TH AVE	STE 1015	
		Address	
	DAVIE, FL 33314	•	
	VOLIDAN/ORUGON	City/State and Zip Code	
	YOURTAX@THESM	ARTAX.COM to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		
FERNANDA LOLA		954 782 3610	
Name of	Person		Telephone Number
Enclosed is a check for the	e 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 Company Florida Limited Liab	as it now appears on our records. oility Company))
The Articles of Organization for this Limited Liab Florida document number L14000098545	oility Company we	ere filed on 06/19/2014	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabilit</u>	y company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	·	
Enter new mailing address, if applicable:	٠	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
	٠	····	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ee address on our records,	enter the name of the new
			15 API
Name of New Registered Agent: New Registered Office Address:	, .		200 5 TO 100 100 100 100 100 100 100 100 100 10
		Enter Florida street address	TO TO FORM
	,	•	
		City Flor	
New Registered Agent's Signature, if changing Re	gistered Agent:	, Flo	

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	LIVIA HOFFMANN LOPES	3921 SW 47TH AVE STE 1015	= Add
		DAVIE, FL 33314	
		. 4.	Li Remove
			
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		i kijako komuniko ku	
		<u>.</u>	∑U) ————————————————————————————————————
			APR
			Remove 5
			PHIZ: SE
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			☐ Remove

e of filing: prior to date of receipt or filed date and car Department of State)	(optional) mot be more than 90 days after
2015	
2.010	
, 2015	
My momentum manufacture of authorized represent	ative of a member
	e of filing: prior to date of receipt or filed date and car Department of State)

15 APR 16 PH 12: 55

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