

# L14000133493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

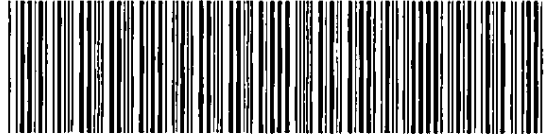
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALCARD 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:

Greg Herrera

\_\_\_\_\_  
Name of Person

Greg Herrera CPA

\_\_\_\_\_  
Firm/Company

4025 SW 96 Ave

\_\_\_\_\_  
Address

Miami, FL 33165

\_\_\_\_\_  
City/State and Zip Code

greherrercpa@gmail.com

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

For further information concerning this matter, please call:

Greg Herrera

786

290-4942

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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	CARDOSO, CRISTIAN	Lavalle 579 piso 2 Ciudad Autonoma de BS AS	<input type="checkbox"/> Add
		Ciudad Autonoma de BS AS C1047AAR AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALCANONI, EDGARDO V	Lavalle 579 piso 2 Ciudad Autonoma de BS AS	<input type="checkbox"/> Add
		Ciudad Autonoma de BS AS C1047AAR AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Group IT Mind LLC	1209 ORANGE ST	<input checked="" type="checkbox"/> Add
		WILMINGTON, DE 19801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE COUNTY

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 31 2023

Signature of a member or a

Edgardo Aleanoni

Typed or printed name of signee

**Filing Fee: \$25.00**