

L150000 26844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

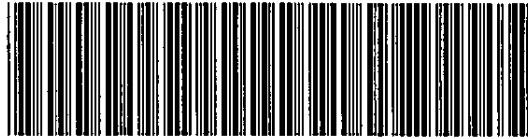
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

APR 22 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

Alejandro LLC

SUBJECT: \_\_\_\_\_  
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:

Alexander, Daniel M

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

Alejandro LLC

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

344 Charlemagne Cir

\_\_\_\_\_  
Address

Ponte Vedra, FL 32082

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

alexander2380@live.com

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

For further information concerning this matter, please call:

Alexander, Daniel M

904 710-9649

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



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:

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>        | <u>Type of Action</u>           |
|--------------|---------------------|-----------------------|---------------------------------|
| MGR          | Alexander, Daniel M | 344 Charlemagne Cir   | <input type="checkbox"/> Add    |
|              |                     | Ponte Vedra, Fl 32082 | <input type="checkbox"/> Remove |
| AMBR         | Alexander, Daniel M | 344 Charlemagne Cir   | <input type="checkbox"/> Add    |
|              |                     | Ponte Vedra, Fl 32082 | <input type="checkbox"/> Remove |
|              |                     |                       | <input type="checkbox"/> Add    |
|              |                     |                       | <input type="checkbox"/> Remove |
|              |                     |                       | <input type="checkbox"/> Add    |
|              |                     |                       | <input type="checkbox"/> Remove |
|              |                     |                       | <input type="checkbox"/> Add    |
|              |                     |                       | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

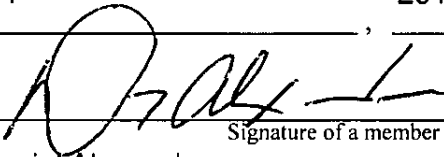
Change All Addresses as noted

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed, by the Florida Department of State)

Dated April 1, 2015



Signature of a member or authorized representative of a member

Daniel Alexander

Typed or printed name of signee

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Filing Fee: \$25.00

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