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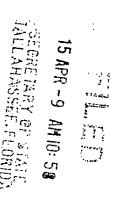
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COVER LETTER

TO: Registration Se Division of Cor	
Alejandr	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence 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 of	concerning this matter, please call:
Alexander, Daniel	M 904 710-9649
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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(<u>Name of the Limite</u>	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia L15000026844 Florida document number	ability Company	were filed on	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with the v	vords "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	344 Charlemagne Cir	
(Principal office address MUST BE A STREE)		Ponte Vedra, Fl 32082	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	344 Charlemagne Cir Ponte Vedra FI 32082	
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:		<u>e</u> :	ter the name of the new
New Registered Office Address:	344 Charle	magne Cir	XXX 4 See 1
new registered Office Address.	Ponte Vedra	Enter Florida street address A	\$2082 O
		City	Zip Gode
New Registered Agent's Signature, if changing R	egistered 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

It 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	authorized Member		. •	
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Alexander, Daniel M		344 Charlemagne Cir	🗆 Add
			Ponte Vedra, FI 32082	□ Remove
AMBR	Alexander, Daniel M		344 Charlemagne Cir	
			Ponte Vedra, Fl 32082	□ Remove
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				Remove

ate of filing:		(optional)
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la Department of State)	ieu date and cannot be n	nore than 90 days after
2015		•
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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