

U500030630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

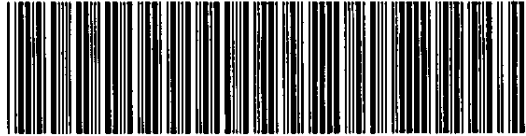
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500282621735

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR -2 PM 2:23

03/02/16--01009--018 **25.00

MAR 03 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALAN CONTRACTOR, 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:

HECTOR M NIEVES

Name of Person

ALAN CONTRACTOR, LLC.

Firm/Company

3714 RAVENWOOD AVE

Address

ORLANDO FL 32839

City/State and Zip Code

raultorrescarraballo@mail.com

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

16 MAR - 2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

HECTOR M NIEVES

407 746-8250
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALAN CONTRACTOR, 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 Company were filed on 02/18/2015 and assigned Florida document number L15000030630.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3714 RAVENWOOD AVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32839

Enter new mailing address, if applicable:

3714 RAVENWOOD AVE.

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32839

SECRETARY'S OFFICE
15 MAR - 2 PM 2:23

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID HUERTAS SANCHEZ

New Registered Office Address:

3714 RAVENWOOD AVE

Enter Florida street address

ORLANDO

, Florida 32839

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.

David Huertas Sanchez

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	ECHEVARRIA, SANTOS D	2409 OAK RUN BLVD	<input type="checkbox"/> Add
		KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUERTAS SANCHEZ , DAVID	3714 RAVENWOOD AVE.	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 MAR -
 PM 2:23

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

Multiple horizontal lines for amending information.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -2 PM 2:28

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 24TH, 2016

David Huertas Sanchez

Signature of a member or authorized representative of a member

DAVID HUERTAS SANCHEZ

Typed or printed name of signee