L15000050255

(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

300413587523

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 23 PM 12:40

RECEIVED
2023 AUG 23 PM 3:14
TALLAHASSEE, FLORIDA

R. HUNT
08/23/23

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AJO HOUSE, LLC

Please Debit **FCA000000003** For: 25

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In Will Pick Up

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 23 PM 12:40

____ Art of Inc. File____
____ LTD Partnership File____
____ Foreign Corp. File____
____ L.C. File____
____ Fictitious Name File____
____ Trade/Service Mark____
____ Merger File____
____ Art. of Amend. File____
____ RA Resignation____
____ Dissolution / Withdrawal____
____ Annual Report / Reinstatement____
____ Cert. Copy____
____ Photo Copy____
____ Certificate of Good Standing____
____ Certificate of Status____
____ Certificate of Fictitious Name____
____ Corp Record Search____
____ Officer Search____
____ Fictitious Search____
____ Fictitious Owner Search____
____ Vehicle Search____
____ Driving Record____
____ UCC 1 or 3 File____
____ UCC 11 Search____
____ UCC 11 Retrieval____
____ Courier____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALJO HOUSE, 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:

Samuel S. Blum, Esquire
Name of Person

Firm/Company

2000 Tigertail Avenue, Suite 106
Address

Coconut Grove, Florida 33133
City, State and Zip Code

laura@samblum.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Samuel S. Blum, Esquire at (305) 854-1888
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 23 PM 12:40

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

Articles of AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALJO HOUSE, 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 March 23, 2015 and assigned Florida document number L15000050255.

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:
(Principal office address MUST BE A STREET ADDRESS)

640 Kensington Place
Wilton Manors, Florida 33305

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

640 Kensington Place
Wilton Manors, Florida 33305

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 23 AM 12:40

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: _____

New Registered Office Address: 640 Kinsington Place
Enter Florida street address

Wilton Manors, Florida 33305
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.

_____
If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 3EC43B52-E6DC-44B6-8310-BD977457845F

or removed from our records: **enter the title, name, and address of each person being addec**

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Alexandros Katsouridis	640 Kensington Place	☐Add
		Wilton Manors, Florida 33305	☐Remove
			■Change
MGR	Christina Marougka	640 Kensington Place	☐Add
		Wilton Manors, Florida 33305	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 AUG 23 PM 12:40

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

2023 AUG 23 PM 12:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 August 22, 2023

DocuSigned by:
Alexandros Katsouridis
55983BF8CE8F4F2...
Signature of a member or authorized representative of a member

Alexandros Katsouridis
Typed or printed name of signee

Filing Fee: $25.00