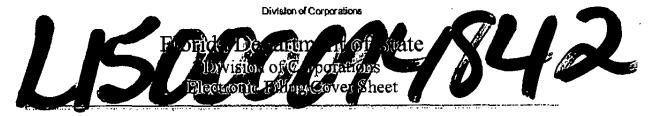
6/9/2015



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000138136 3)))



H150001381383ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: DDS TAMPA TAX SERVICE Account Name

Account Number : I20140000115 Phone

: (813)882-8426

Fax Number

: (813)884-0263

**Enter the email address for this business entity to be used Far annual report mailings. Enter only one email address please

				Ori	U
Email	Address:	 	 	<u> </u>	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIANCE HOLDINGS ADMINISTRATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

BRUCE BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

-

*

COVER LETTER

TO:	Registration Sec Division of Corp			
av 15 111		HOLDINGS ADMINISTRA	TION LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		RODRIGO S DA SILVA		
			Name of Person	
		<u> </u>	Firm/Company	20: 20:
		4040 W WATERS AVE S	TE 102	2015 JUN - SECRETAR ALLAHASS
		TANDA DI 22416	Address	m-< . 0 •
		TAMPA FL 33615	City/State and Zip Code	——————————————————————————————————————
		rodsfor@icloud.com	City/state and Zip Code	LORI STATI
		E-mail address: (to be used for future annual report notifi	ication) $=$ Ξ
For furt	her information co	oncerning this matter, please c	a(1:	
RODR	IGO S DA SILVA		813 230-5503 at ()	
····	Name of	Person	Area Code Daytime	Telephone Number
Enctose	d is a check for th	e following amount:		
■ \$2 5	.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)
	MAILI	NG ADDRESS:	STREET/COURIS	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIANCE HOLDINGS ADMINISTR		
(Name of the Limited Li (A F	ability Company as it now appears on or lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L15000094842</u>	ity Company were filed on	and assigned
This amendment is submitted to amend the following	g:	
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 designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·•	
(Principal office address MUST BE A STREET A	DDRESS)	SECRET JUN
Enter new mailing address, if applicable:		q SSEE.
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	F STAT
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida stre	eet address
		, Florida
	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

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>	Address	Type of Action
MGR	RODRIGO S DA SILVA	4040 W WATERS AVE STE 102	
_		TAMPA FL 33614	☐ Remove
			☐ Change
			D Add
	•		🗅 Remove
			☐ Change
			ZEBRETA JURemove
			JUR emove
	<u> </u>		ARY OF Change CRIME Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			Change

						<u></u>			
			<u>-</u>					_	
		- Marian						-	
								_	
			·						····
									
									~ ~~~
	<u>-</u>								
		 _	·		 _	<u> </u>			~~~~ <u>~</u>
								_	
<u> </u>								-	
		· · · · · ·						=	
 -		<u> </u>			 			<u> </u>	2
								₽χ̈́	=
							i	AR SS	1
								<u> </u>	
	au 41-au 41-					C	1	La. Lt.	\triangleright
the date inser	ted in this b	lock does not r	neet the app	licable statu	filing or more tory filing re	than 90 days at quirements, t	fter filing)	Purquan Will-not	t to 605.02 Bedisted t
rd specifies Oth day aft	a delaye er the rec	d effective o cord is filed.	late, but	not an eff	ective tim	e, at 12:01	La.m.	on the	earlier
JNE 9		The h	2015	<u>-</u> :/)				
		Signature of a	member or au	thorized repr	esentative of a	member			
יי ו	the date inser t's effective d rd specifies Oth day aft	the date inserted in this b t's effective date on the E rd specifies a delaye Oth day after the rec	e date, if other than the date of filing ive date is listed, the date must be specific and the date inserted in this block does not read a specific and the Department of Strategy of the date on the Department of Strategy of the day after the record is filed. TINE 9	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be protected in this block does not meet the apport's effective date on the Department of State's record specifies a delayed effective date, but in the day after the record is filed. INE 9 2015	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statu t's effective date on the Department of State's records. Indicate the specifies a delayed effective date, but not an effective day after the record is filed. INE 9 2015	the date inserted in this block does not meet the applicable statutory filling retr's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time oth day after the record is filed. INE 9 2015	e date, if other than the date of filing:	e date, if other than the date of filing:	e date, if other than the date of filing: Coptional Coptional

Page 3 of 3

Filing Fee: \$25.00