5/13/2016

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 120090000034

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: (954)782-3610

Fax Number

: (954)366-3239

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

Email	Add	iress	;
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ALKI LLC**

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Electronic Filing Menu

Corporate Filing Menu

HelpSHIVERS

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COVER LETTER

TO: Registration Division of	n Section Corporations		
ALKI	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	CAROLINA CORREA M	URCIANO	
		Name of Person	
	ALKI LLC		
		Firm/Company	
	5463 LYONS RD		
		Address	
	COCONUT CREEK, FL 3	3073	
		City/State and Zip Code	
	YOURTAX@THESMART		
	E-mail address: (to be used for future annual report noti-	fication)
For further informati	on concerning this matter, please co	all:	
FERNANDA LOLA		954 782 3610	
Na	ne of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check t	or the following amount:		
□ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certifled Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is explosed)

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

(11 M1600117U33 3111

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALKI LLC		
(<u>Name of the Limited Linh</u> (A Flor	illity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 07/27/2015	and assigned
Florida document number L15000127868	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	++1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	> <u>*</u>
		75.
		တ္တည် ယ ု
Patar and molling address if applicables		CO AME
Enter new mailing address, if applicable:	 	C. O HANK
(Mailing address MAY BE A POST OFFICE BOX)		22 0
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	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	CAROLINA CORREA MURCIANO	9205 RAMBLEWOOD DR	
		APT 826 - CORAL SPRINGS - FL	■ Remove
		33071	Change

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