

L15000182470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

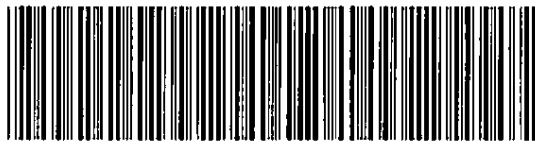
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

PH
11/2/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEN DE MAR, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE REMIGIO ANGUIANO GODINEZ
Name of Person
ALEN DE MAR, LLC
Firm/Company
17301 BISCAYNE BLVD APT 510
Address
AVENTURA, FLORIDA 33180
City, State and Zip Code
RGMACACCOUNTING@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

JORGE REMIGIO ANGUIANO GODINEZ 786 545-6347
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 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**

ALEN DE MAR, 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 10/27/2015 and assigned
Florida document number L15000182470

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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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	NATALIA ANGUIANO LOPEZ	17301 BISCAYNE BLVD APT 510	<input checked="" type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRA ANGUIANO LOEZ	17301 BISCAYNE BLVD APT 510	<input type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA ANGUIANO LOPEZ	17301 BISCAYNE BLVD APT 510	<input checked="" type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<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

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

ARTICLE VI:

COMPOSITION OF CAPITAL OR SHARES OF THE MEMBERS ACCORDING TO THE OPERATING AGREEMENT AMENDMENT

MEMBERS	% COMPOSITION OF CAPITAL
JORGE REMIGIO ANGUIANO GODINEZ	69%
ILEANA ALEJANDRA LOPEZ BADILLO	1%
NATALIA ANGUIANO LOPEZ	10%
ALEJANDRA ANGUIANO LOPEZ	10%
MARIA ANGUIANO LOPEZ	10%
TOTAL COMPOSITION	100%

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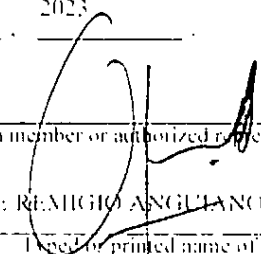
E. Effective date, if other than the date of filing: 08 17 2023 (optional)

(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 17 2023


 Signature of a member or authorized representative of a member
 X
 JORGE REMIGIO ANGUIANO GODINEZ
 Typed or printed name of signee