L16000194093

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**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.

(((H16000127857 3)))

H16000127857 3ABC4

**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:
Account Name : MARCELL FELIPE, P.A.
Account Number : I20110000064
Phone : (305)381-6800
Fax Number : (305)381-6225

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

**Email Address:** leao10_@hotmail.com

FILED
2016 MAY 26 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**ALEAO INVESTMENTS LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $25.00 |

Electronic Filing Menu Corporate Filing Menu Help

MAY 27 2016

BRUCE

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

ALEAO INVESTMENTS 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 11/17/2015 and assigned Florida document number L15000194093.

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*

*City* **Florida** *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 given or removed from our records:**

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | REDITUS GROUP LLC | 2700 GLADES CIRCLE | ☐ Add |
| | | SUITE 155 | ■ Remove |
| | | WESTON, FL 33327 | ☐ Change |
| MGR | Ramirez, Aldo L | P.O. Box No. 267040 | ☐ Add |
| | | Weston, FL 33326 | ☐ Remove |
| | | | ■ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

FILED
2016 MAY 25 A 10:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 May 24 2016

Aldo Leao Ramirez Sierra
Signature of a member or authorized representative of a member

Aldo Leao Ramirez Sierra
Typed or printed name of signee

2016 MAY 26 A 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**Filing Fee: $25.00**