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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TC | | gistration Sec vision of Corp | | | * |
|-----|-------------|----------------------------------|---|---|---|
| CI | DIECT. | | RO FINANTIAL ,LLC | | |
| SU | BJECT: | | Name of Limi | ted Liability Company | |
| Th | e enclose | d Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| PΙε | ase retur | n all correspoi | ndence concerning this matter t | to the following: | |
| | | | | | |
| | | | | Name of Person | |
| | | | ALEJANDRO FINANCIA | L ,LLC | |
| | | | | Firm/Company | |
| | | | 7721 NW 7 ST APT 715 | | |
| | | | | Address | |
| | | | MIAMI, FLORIDA , 3312 | 6 | |
| | | | | City/State and Zip Code | |
| | | | E-mail address: (t | o be used for future annual report notifi | cation) |
| Fo | r further i | information co | oncerning this matter, please ca | ılı: | |
| N | ESTOR A | ALEJANDRO | ALONSO PERDOMO | 786 4483570 | |
| | ., | Name of | Person | Area Code Daytime | Telephone Number |
| En | closed is | a check for th | e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALEJANDRO FINANCIAL LLC | | | | | |
|---|---|---|-----------------------------|----------------------|------------|
| (Name of the Lim | ted Liability Compar (A Florida Limited L | ny as it now appears on o liability Company) | our records.) | | |
| The Articles of Organization for this Limited L Florida document number L15000202306 | iability Company | were filed on 12/03/20 | 015 | and assi | gned |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liabi | lity company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liabili | ity Company," the designa | ation "LLC" or the abbr | eviation "L.I. | C." |
| Enter new principal offices address, if appli | | | | | |
| (Principal office address MUST BE A STRE | | | | | |
| | _ | | | <u></u> | |
| Enter new mailing address, if applicable: | | | | HAR? | - |
| •• | r p.o.vo | | | <u>8 + №</u> 22 + | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | | f | <u> </u> | * * |
| B. If amending the registered agent and | Vor registered of | fice address on our | _ | No name o | of the new |
| registered agent and/or the new registered of | | | | | |
| Name of New Registered Agent: | NESTOR ALEJ | JANDRO ALONSO PE | RDOMO | | |
| New Registered Office Address: | registered agent and/or registered office address on our records, enter the name of the new or the new registered office address here: NESTOR ALEJANDRO ALONSO PERDOMO | | | | |
| | _ | Enter Florida st | reet address | | |
| | MIAMI | | , Florida _ ³³¹² | 26 | |
| | | 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

Wamending 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 | NESTOR ALEJANDRO ALONSO | 7721 NW 7 ST APT 715 | Add |
| | | MIAMI FL 33126 | ☐ Remove |
| | | | ■ Change |
| | · | | □ Add |
| | | | Remove |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00