## 1500 202306

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Amend

DEC 0.5 ZOIB LALBRITION

## **COVER LETTER**

Division of Cor	porations		
ALEJAN SUBJECT:	DRO FINANCIAL ELC		
SUBSECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nestor Alejan	dro Alonso Perdomo	
	<del>-                                    </del>	Name of Person	<del></del>
		Firm/Company	, <u>-</u>
	10101 N W 27	th Avenue	
		Address	
	Miami FL 3.	3147	
		City/State and Zip Code	
	rlobaco@yah		
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Nestor Alejandro Alor		786 448-3570	
Name of	l'Person	Area Code Daytim	e Telephone Number
Enclosed 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)

MAHLING ADDRESS:

TO:

Registration Section

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		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company village document number 1.15000202306	were filed on11/26/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and comain the words "Limited Liabili	ty Company," the designation "ELC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10101 N W 27th Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33147	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10101 N W 27th Avenue Miami FL 33147	20 20 5
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	
<del></del>	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
			Add
		<del></del>	Remove
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n <b>ective da</b> an effective :	tte, if other than the date of filing: (optional) 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
ote: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a day after the record is filed.
1116 306	day after the record is med.
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ated	November 26 2018-
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Typed or printed name of signee

Filing Fee: \$25.00