# 116000002257

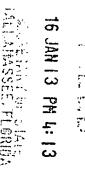
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# **COVER LETTER**

	orporations		
ALCC, L	LC		
CI:	Name of Lin	nited Liability Company	
losed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
eturn all corresp	ondence concerning this matter	to the following:	
	Renee Bryant		
		Name of Person	<u></u>
	ALCC, LLC	Name of Person  Firm/Company  Blvd Unit 3  Address  City/State and Zip Code  ess: (to be used for future annual report notification)  se call: at (	
		Firm/Company	
	2565 N Toledo Blade Blve	Name of Person  LLC  Firm/Company  Toledo Blade Blvd Unit 3  Address  Port FL 34289  City/State and Zip Code  Photmail.com  E-mail address: (to be used for future annual report notification)  nis matter, please call:  at ( 941 716-5199 7	
		Address	
	North Port FL 34289		
	<u> </u>	City/State and Zip Code	·
	rkb522@hotmail.com		
	E-mail address: (	to be used for future annual report notifi	ication)
ner information	concerning this matter, please c	all:	
Bryant			
Name	of Person	Area Code Daytime	Telephone Number
d is a check for	the following amount:		
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	losed Articles of eturn all corresponder information  Bryant  Name	Name of Lim  losed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter  Renee Bryant  ALCC, LLC  2565 N Toledo Blade Blve  North Port FL 34289  rkb522@hotmail.com  E-mail address: ( ther information concerning this matter, please concerning this matter concerning t	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Renee Bryant  Name of Person  ALCC, LLC  Firm/Company  2565 N Toledo Blade Blvd Unit 3  Address  North Port FL 34289  City/State and Zip Code  rkb522@hotmail.com  E-mail address: (to be used for future annual report notifiner information concerning this matter, please call:  Bryant  Name of Person  Area Code  1716-5199  Area Code  Daytime  d is a check for the following amount:  200 Filing Fee  \$30.00 Filing Fee & Certified Copy

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

ALCC, LLC				
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Florida document number L16000002257	Liability Company were	filed on January 4, 2016	and assig	gned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability c	ompany here:		
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if appli	icable:			<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:			<b>3</b>	
(Mailing address MAY BE A POST OFFICE BOX)		'		
•			<u>ή</u> ω	7
B. If amending the registered agent and registered agent and/or the new registered			7]	f the ne
. ,		'		Sea. or
Name of New Registered Agent:	Renee Bryant		ar, ω P	
New Registered Office Address:	2565 N Toledo Blade			
		Enter Florida street address		
•	North Port	, Florida <sup>342</sup>	89	
		itv	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.

Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Justin Mays	2565 N Toledo Blade Blvd Unit 3	
	•	North Port FL 34289	■ Remove
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Renee Bryant	J		

Page 3 of 3

Filing Fee: \$25.00