

L16000003412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

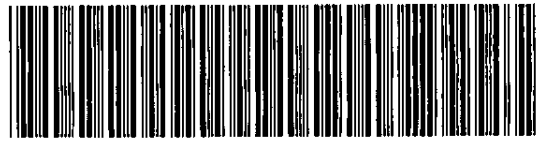
(Business Entity Name)

(Document Number)

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2017 FEB 17 PM 3:07  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

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K. SALY  
FEB 21 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2017

ALCONERO & ASSOCIATES, LLC  
MARISOL CORRALES  
8567 CORAL WAY #313  
MIAMI, FL 33156

SUBJECT: ALCONERO & ASSOCIATES , LLC  
Ref. Number: L16000003412

RECEIVED  
2017 FEB 17 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALCONERO & ASSOCIATES , LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00002344

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Alconero and Associates LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marisol Corrales  
Name of Person

Alconero and Associates LLC.  
Firm/Company

8567 Coral Way # 313  
Address

Miami, FL 33155  
City/State and Zip Code

Claims @ Alconeroandassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisol Corrales at (305) 989-6814  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2017 FEB 17 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Alconero and Associates 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 1/5/16 and assigned Florida document number L16000003412.

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)**

9100 S. Dadeland Blvd #1500  
Miami, FL 33156

**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:

Marisol Corrales

New Registered Office Address:

9100 S. Dadeland Blvd #1500

Enter Florida street address

Miami

City


Florida

33156

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>	<u>Address</u>	<u>Type of Action</u>
AMBR Registered Agent.	Alanis Lafuente	8630 SW 47 Street	<input type="checkbox"/> Add
		Miami, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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OCT 17 10 30 AM '08  
STATE INFLY OF FLORIDA  
TALLAHASSEE

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

Multiple horizontal lines for amending information.

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2017 FEB 17 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 1/30/17 (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 Feb 14, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Raul Alconero  
\_\_\_\_\_  
Typed or printed name of signee