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COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	ALLEGRO	LLC		
SUBJE	CI:	Name of Lim		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		BRUNO M TREPTOW		
			Name of Person	
		ALLEGRO LLC		-\ .
			Firm/Company	15 9CT
		6538 COLLINS AVE., ST	E. 280	15 OCT 18
			Address	
		MIAMI BEACH, FL 3314	П	
			City/State and Zip Code	
		brunotreptow@gmail.com		
			to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please c	all:	
BRUNG	O TREPTOW		305 607-3707 at (
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section	STREET/COURING Registration Section	n

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLEGRO LLC		
(<u>Name of the Limi</u>	ed Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.</u>) ny)
The Articles of Organization for this Limited L Florida document number L16000004739	iability Company were filed or	01/06/2016 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability compan	y here:
ALLEGRO SERVICES LLC		- AS
The new name must be distinguishable and contain the v		the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie		00 00 KB
(Principal office address MUST BE A STREI	<u> </u>	-
Enter new mailing address, if applicable:	**	130
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
B. If amending the registered agent and registered agent and/or the new registered on Name of New Registered Agent:		s on our records, enter the name of the new
Name Designated Address.	6538 COLLINS AVE., STE.	280
New Registered Office Address:		r Florida street address
	MIAMI BEACH	, Florida ³³¹⁴¹
	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

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			Remove
		/	Change 2
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n effective date is listed, the date must be speci- te: If the date inserted in this block does	fic and cannot be prior to date	of filing or more than 90 days	after filing.) Pursuant to 605.0	0207 d.a.s
cument's effective date on the Departmen	it of State's records.	andiory ming requirements,	tins date will not be noted	uus
record specifies a delayed effect The 90th day after the record is f		effective time, at 12:0	11 a.m. on the earlie	r of
ted OCTOBER 13th	2016			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00