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SECRETARY OF LORIDA

MAR 23 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co				
RAZINHA SUBJECT:	ALE VENTURES LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LEA HALE			
		Name of Person		
		F/0	16 TALL	380
	2 DEDGUMOOD AND	Firm/Company	M AH	767
	2 BEECHWOOD AVE		22	7. 7.
	ŁAKE HIAWATHA, NJ	Address 07034	16 MAR 22 PH 12: 27	
•	RAZINHALEI@GMAIL.C	City/State and Zip Code	27	スラ マ
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please c	all:		
LEA HALE		973 277-0604 at ()		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he 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

RAZINHALE VENTURES LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000033365		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		ALL SEU
(Principal office address MUST BE A STREET ADDR	(ESS)	3 48 -
		2 SR
Enter new mailing address, if applicable:		PHI TO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	IRA TRUST SERVICES COMPAN	FBO LEA HALE IRA539715	
		401 EAST 8TH STREET	□ Remove
		SIOUX FALLS, SD 57103	☐ Change
MGR	LEA HALE	2 BEECHWOOD AVE	Add
		LAKE HIAWATHA, NJ 07034	□ Remove ¬
			16 15 ECRET
			22 ASSEE ——————————————————————————————————
•			Remove
·			Change
· · · · · · · · · · · · · · · · · · ·			☐ Add
			□ Remove
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			∏ Change

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ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the a	e prior to date of filing or more than 90 days after filing.) Pursuant to 605, applicable statutory filing requirements, this date will not be liste
cument's effective date on the Department of State's rec	cords.
record specifies a delayed effective date, bu he 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlie
MARCH 19 , 2016	
La Hale	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00