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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALSASEGO LLC

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Tallahassee, FL 32314

## **COVER LETTER**

ALSASEGO LLC  Name of Limited Liability Company  The encitised Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    DIEGO FIGUEROA	TO: Registration S Division of Co		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  DIEGO FIGUEROA  Name of Person  E & F LATIN OROUP LLC  FimivCompany  1820 N CORPORATE LAKES BLVD SUITE 109  Address  WESTON FL 33326  City/State and Zlp Code  DIEGO@EFLATINACCOUNTING.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please cell:  DIEGO FIGUEROA  Name of Person  Area Code  Daytime Telephone Number  ### \$255.00 Filing Pee	ALSASEC		
Please return all correspondence concerning this matter to the following:    DIEGO FIGUEROA	SUBJECT:	nited Liability Company	
Please return all correspondence concerning this matter to the following:    DIEGO FIGUEROA	The enclosed Articles of	f Amendment and fee(s) are su	omitted for filing.
Name of Person  E & F LATIN GROUP LLC  Firm/Company  1820 N CORPORATE LAKES BLVD SUITE 109  Address  WESTON FL 33326  City/State and Zip Code  DIEGO@EFLATINACCOUNTING.COM  E-innil address* (to be used for future annual report notification)  For further information concerning this matter, please call:  DIEGO FIGUEROA  Name of Person  1			
E & F LATIN GROUP LLC  Firm/Company  1820 N CORPORATE LAKES BLVD SUITE 109  Address  WESTON FL 33326  City/State and Zip Code  DIEGO@EFLATINACCOUNTING.COM  E-timil address: (to be used for future annual report notification)  For further information concerning this matter, please call:  DIEGO FIGUEROA  Name of Person  1 954 3848565  Name of Person  1 255.00 Filing Pec & Certificate of Status  Certificate of Status  Certificate of Status  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee  The Centre of Tallahassee		DIEGO FIGUEROA	
Firm/Company  (H20 N CORPORATE LAKES BLVD SUITE 109  Address  WESTON FL 33326  City/State and Zip Code  DIEGO@EFLATINACCOUNTING.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  DIEGO FIGUEROA  Name of Person  Name of Person  Area Code  Disytime Telephone Number  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclused)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			Name of Person
WESTON FL 33326  City/State and Zip Code  DIEGO@EFLATINACCOUNTING.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please cult:  DIEGO FIGUEROA  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Finclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclased)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee		E & F LATIN GROUP LI	
WESTON FL 33326  City/State and Zip Code  DIEGO@EFLATINACCOUNTING.COM  E-minil address: (to be used for future annual report notification)  For further information concerning this matter, please cult:  DIEGO FIGUEROA  Name of Person  Variance Code  District Code  District Code  District Code  District Code  S60.00 Filing Fee, Code  Certificate of Status  Certified Copy (additional copy is enclused)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee			FirmCompany
## City/State and Zip Code    DIEGO@EFLATINACCOUNTING.COM		AKES BLVD SUITE 109	
City/State and Zip Code  DIEGO@EFLATINACCOUNTING.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  DIEGO FIGUEROA    954   3848565     38			Address
DIEGO@EFLATINACCOUNTING.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  DIEGO FIGUEROA  954  Area Code  Daytime Telephone Number  Finclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee  Possible		WESTON FL 33326	
E-mail address: (to be tised for future annual report notification)  For further information concerning this matter, please call:  DIEGO FIGUEROA    954   3848565			•
DIEGO FIGUEROA		DIEGO@EFLATINACCC	UNTING.COM
Name of Person  Name of Perso	Park a information		n.
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S25.00 Filing Fee Scriptions of Status Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  S30.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee	Enclosed is a check for t	he following amount:	
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	P.O. Box 632	27	The Centre of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALSASEGO LLC					
(Name of the Limited Limbility Compa (A Florida Limited	iny as It now annears un nur records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 10000 39454		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:	1007 NANDINA DR				
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33327				
Enter new mailing address, if applicable:	1007 NANDINA DR				
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33327				
THE THE PART OF TH					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	eddress on our records, enter the name	ELVIPAL SER			
New Registers Office Andrews.	Enter Florida street address	777			
	, Florida	5			
	Chy	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:		<b>م</b> و			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of my duties, and i am journal of the performance of the performan	f this document is			
If Chan	ging Registered Agent, Signature of New Reg	alered 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>	Name .	Address	Type of Action
MOR	LUIS GOMEZ	1007 NANDINA DR	■ Add
		WESTON, FL 33327	□Remove
			ClChange
MGR	TATIANA GOMEZ-AREIZA	1007 NANDINA DR	DAdd
		WESTON, FL 33327	Пенточе
			🗀 Remove
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				06/07/2021			(optional)	<b>y</b>		
Note: If the	e date insci	d, the date must be ted in this bloc late on the Dep	k does not r	neet the applica	gole statutory t	or more than 90 da Hing requiremen	vs after (Ulng.) P	ursuant to 605 ill not be list	,0207 (3)( ed as the	(b)
If the record spe record is filed.	ecifies a del	layed effective of	late, but not	i an effective ti	me, at 12:01 n.	m, on the carlie	rof: (h) The	90th day site	r the	
Dated JUN	E 06			2021	<del>_</del> ·					
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	MGR									

Filing Fee: \$25.00