# L16000104677

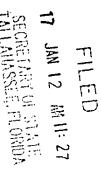
(Re	equestor's Name)	
(Ad	ldress)	
( <b>A</b> d	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT JAN 1 3 2017

### **COVER LETTER**

TO: Registration Se Division of Cor		• "		
ALWA INV	VESTMENT GROUP			
SUBJECI:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
reast retain an correspo	GABRIELA ALTAMIRAN	<del>-</del>		
		Name of Person	-	
	GATE MEDIA AUDIOVIS	SUAL		
		Firm/Company		
	2335 NW 107TH AVE			
		Address		
	DORAL, FL 33172			
	galtamirano@gatemediavis	City/State and Zip Code ual.com		
	E-mail address: (	to be used for future annual report notifica	ation)	
For further information c	oncerning this matter, please ca	all:		SECT.
Gabriela Altamirano		305 586-4222 at ()		聖言
Name o	f Person		elephone Number	FILED MIN 2
Enclosed is a check for the	ne following amount:			当 : 21
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &

**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

## TO ARTICLES OF ORGANIZATION OF

ALWA INVESTMENT GROUP		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records,) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Control Colorida document number	Company were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
ALGA INVESTMENT GROUP, LLC		
he new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol>		er the name of the
Name of New Registered Agent:		200 5 1
New Registered Office Address:		<b>三</b>
	Enter Florida street address Florida	明显 医
<del></del>	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registere	d 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

#### of removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GLAISTER WALLACE	749 WEST MINNEOLA AVE	□ Add
- 1,1		CLERMONT, FL 34711	O Add
			■ Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
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		***************************************	T2 Change
			Remove
			Change

<u> </u>				
•				
E. Effective date, if other than the date of filing:  (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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3)(b) as the			
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:			
Dated January 7, 2017.	7 2 11 11 11			
Joseph Witaux	<u> </u>			
Signature of a member or authorized representative of a member  GABRIELA ALTAMIRANO				
Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00