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COVER LETTER

то:	Registration Sec Division of Corp		• •	
SUBJE	ЕСТ:	ALDENHA Name of Limi	M INVESTMENT (ited Liability Company	TS LLC
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		•	Joltn Pitti Name of Person	
		PITTI	ENTERPRISES Prim/Company	LLC
			R TURNER TRAV	
		PORT ORAN	City/State and Zip Code CD AOL, Com to be used for future annual report notific	8
		E-mail address: (1	EL (Q) HOL, COM to be used for future annual report notific	cation)
For fur	ther information co	ncerning this matter, please ca	all:	
	John Name of	Pi Ti Person	at (<u>631)</u> <u>903</u> 70. Area Code Daytime	850 Telephone Number
Enclos	ed is a check for the	e following amount:		
\$2.	5.00 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

ALDEWHAM / (Name of the Limited Liability Compa) (A Florida Limited L	NUCSTMENTS LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000139372</u> .	were filed on Tuly 5, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
ROCKABILLY PITT! The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN PITTI	1807 ROSCOETURNER TR PORTORANCE, FL 32128	Add
			temove
			Change
SOLE MBR	PITTI ENTERPRISES LLC	1807 ROSCOE FURNERTRA PORT ORANCE FL, 32128	DAdd
		PORT ORANCE FL, 32128	Remove
			Change
			□ Add
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Filing Fee: \$25.00