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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

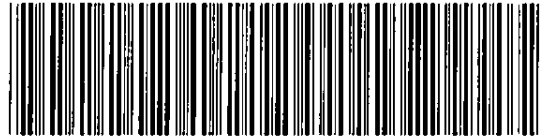
(Business Entity Name)

(Document Number)

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09/12/24--01006--004 \*\*55.00

2024 SEP 12 PM 4:39  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Fuenmayor & Alonzo Associates LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Fuenmayor

Name of Person

Juan Fuenmayor

Firm/Company

3925 Village Estates Ct

Address

Cummings, GA, 30040

City/State and Zip Code

juanfuenmayor70@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Fuenmayor at ( 1 ) 786-274-0890  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fuenmayor & Alonzo Associates LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number 116000164024.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1942 Beaver Run RD, Norcross, GA, 30071-3828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3925 Village Estates Ct, Cummings, GA, 30040

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

FILED  
2024 SEP 12 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

[illegible]

[illegible]

(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 605.0207(3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Juan Fuenmayor  
Typed or printed name of signee

**Fuenmayor & Alonzo Associates LLC**  
**1942 BEAVER RUIN RD**  
**NORCROSS, GA 30071-3828**  
**09/03/2024**

**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**Subject: Amendment to Correct Company Address**

Dear Sir or Madam,

I, Juan Fuenmayor, as the authorized representative of Fuenmayor & Alonzo Associates LLC, hereby request the correction of our company's address in the Sunbiz records. The correct address is as follows:

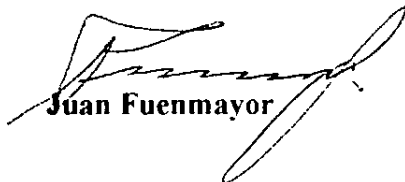
**New Fiscal Address:**  
1942 BEAVER RUIN RD  
NORCROSS, GA 30071-3828

**Mailing Address:**  
3925 Village Estates Ct,  
Cumming, GA, 30040

Attached is the completed amendment form along with the required fee for this change.

Thank you in advance for your attention to this request.

**Sincerely,**

  
**Juan Fuenmayor**