## 116000 167561

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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19 JAN 23 AT II: I

SECRETARY OF STATE
TALLAHASSEE FLORIDA

## **COVER LETTER**

|                 |             | tration Section of Corpo          |  | **   |                  |  |  |  |  |  |
|-----------------|-------------|-----------------------------------|--|--|------------------|--|--|--|--|--|
| cubica          | <u>.</u> [  | el Alley LLC                      |  |  |                  |  |  |  |  |  |
| SUBJEC"         | l: <u> </u> | Name of Limited Liability Company |  |  |                  |  |  |  |  |  |
| The enclo       | sed A       | articles of An                    | nendment and fee(s) are sub                  | mitted for filing.   |                  |  |  |  |  |  |
| Please reti     | um a        | l correspond                      | ence concerning this matter                  | to the following:  |                  |  |  |  |  |  |
|                 |             |                                   | Josh Abrams                                  |  |                  |  |  |  |  |  |
|                 |             |                                   |  | Name of Person   |                  | <del></del>  |  |  |  |  |
|                 |             |                                   |  | Firm/Company   |                  | <del></del> -  |  |  |  |  |
|                 |             |                                   |  |  |                  |  |  |  |  |  |
|                 |             |                                   |  | Address  |                  |  |  |  |  |  |
|                 |             |                                   | DENVER, CO 80206                             |  |                  |  |  |  |  |  |
|                 |             |                                   | jla.billpay@gmail.com                        | City/State and Zip Code  |                  |  |  |  |  |  |
|                 |             | •                                 | E-mail address: (                            | to be used for future annual r                                       | report notific   | cation)  |  |  |  |  |
| For furthe      | r info      | rmation con                       | cerning this matter, please co               | all:   |                  |  |  |  |  |  |
|                 |             | MIA K                             | ITNER  | at(_ <b>720</b> )  | 3 <b>2</b> % -   | 9700   |  |  |  |  |
| Name of Person  |             |                                   | Area Code                                    |  | Telephone Number |  |  |  |  |  |
| Enclosed i      | is a c      | heck for the f                    | following amount:                            |  |                  |  |  |  |  |  |
| <b>\$25.0</b> 0 | 0 Fili      | ng Fee                            | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is encl |                  | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |  |

MAILING ADDRESS:

TO.

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**

| ty Company as it now appears on our records.) Limited Liability Company)   |
|--|
| Company were filed on 09/07/2016 and assigned and assigned   |
|  |
| ited liability company here:   |
| <b></b>  |
| ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
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| <del></del>  |
| stered office address on our records, <u>enter the name of the n</u><br>ress here:   |
| <del></del>  |
| Enter Florida street address   |
| tiner i un ida su eer adaress  |
| , Florida  |
| City Zip Code  |
| i 2  |

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR = A     | Authorized Member |             |  |
|--------------|-------------------|-------------|--|
| <u>Title</u> | <u>Name</u>       | Address     | Type of Action   |
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| ective date, if other than the d   | late of filing:                  | (   | optional)   |
| effective date is listed, the date must te: If the date inserted in this bloom | ck does not meet the applicable  | ate of filing or more than 90 days<br>statutory filing requirements | after filing.) Pursuant to 605.026<br>i, this date will not be listed a |
| ument's effective date on the Dep  | partment of State's records.     |   |   |
| record specifies a delayed   | effective date, but not a        | n effective time, at 12:  | 01 a.m. on the earlier o  |
| he 90th day after the reco   | rd is filed.                     |   |   |
| December 26  | 2018                             |   |   |
|  | ··                               |   |   |
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Filing Fee: \$25.00