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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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. . . . COVER LETTER

TO: Registration 8 Division of Co			
SUBJECT:	AlFano	Holding LLC ited Liability Company	<u>-</u>
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KOSAR	Name of Person	ر.
		ev Holder Co	
	`フゔブ゙゙゙	SW 93 Ave #	-201
	Mian	n. Fl 33,	173
	RinA 2.82	City/State and Zip Code 28 (a) AOC. WY to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ıll:	
CARLOS Name	A (Fare)	at (786) 2.6 Area Code Daytime	1 - 738 9 Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 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 Address:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	250 4	oldings	, CLC	2022 JUL 25	PH 3: 4
(Name of the Limited	l Liability Compai A Florida Limited L	ay as it now appears lability Company)	on our records.)	प्रतिकासहरू इ.स.च्या	_ 411
The Articles of Organization for this Limited Lia Florida document number		were filed on	Fel 10, 20:	22 and assigned	rian "GRM
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>re</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the de	signation "LLC" or the a	abbreviation "L.L.C."	-
Enter new principal offices address, if applica	błe:				_
(Principal office address MUST BE A STREET	ADDRESS)		 -		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				- - -
B. If amending the registered agent and/or regagent and/or the new registered office address	here:				 -
Name of New Registered Agent:	Ros	anic N	Carilyas F	tivaro 1	ula wages
New Registered Office Address:		5thine			
		Enter Floria	da street address Florida	Fl 3317	シ
Nam Danistanad Crant's Cianatana if alamaian Da		Cuỳ.		zīp Code	

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Manager	ROSANIO M. AlFaro	7374 SW 93 Ave 420.	/ Xadd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	1 /
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 7 21 22 (optional) ective 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)the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records.
the recordis fi	d 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 led.
Dated	7/21/22
	Signature of a member or authorized representative of a member
	CARlds AlFaro
	Typed or printed name of signce