# 116000178491

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	Alliance and	ASSOCIATES Services ited Liability Company	s II, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Jeffrey Totty Name offerson	
		Firm/Company 223 Atlantic Au	
		Address	
	E-mail address: (	City/State and Zip Code  Lip Code  L	fication)
For further information of the state of the	oncerning this matter, please c	at ( <u>9DY</u> ) <u>300</u> Area Code Daytime	- 9738 e Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on cobility Company)	our records.	<u> , LLS</u>	
The Articles of Organization for this Limited Liab	ility Company w	ere filed on	23/16	and assign	ed
Florida document numberL1600017844	<u> 11</u>				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabili N/A	ty company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designa	ntion "LLC" or the ab	breviation "L.L.C	,,
Enter new principal offices address, if applicable	le:	X IA		· · · · · · · · · · · · · · · · · · ·	. <u>.                                   </u>
(Principal office address MUST BE A STREET)	ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>.</u> <u>DX)</u> .			- 16 - 16	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ce address on our	records, enter	NOV - 30 PM CONTROL STATE OF THE STATE OF TH	the new
Name of New Registered Agent:				5 6	
New Registered Office Address:	Ĺ	2223 Alla Enter Florida sti	mhic Blu	d	<del>-</del>
	Jack	sonuille city	, Florida	JJJ 07 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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Melody McCoy	Melody McCoy	10981 Dakleaf Plantation Pl Drange Park, FL 3260	Kuy WAdd
	Orange Park, FL 3260	<u> </u>	
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			☐ Remove
		☐ Change	
			□ Add
		□ Remove	
			Change
			Add
			Remove
		- CORIDA	3 Add Remove
		4.0 EVER	Change
<del></del>			Add
			□ Remove
			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:

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	e date, if other than the date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ptional) 💆 🗀 🗀	•	
	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a f the date inserted in this block does not meet the applicable statutory filing requirements.			
ocume	nt's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the	earlie	er of
The 9	00th day after the record is filed.			
ated _	Nov. 1 , 2016.			
	$h_{II} = QQ_{II}$			
	Signature of prompter or authorized representative of a member			
	Jee 1			
	A Cm			

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Filing Fee: \$25.00