

L17000033578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

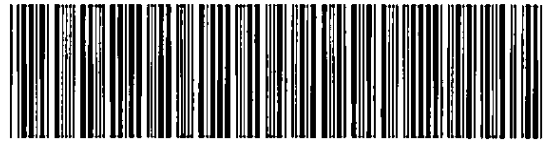
(Business Entity Name)

(Document Number)

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2019 OCT 22 AM 8:26

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Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2019

LUIS ELENA CUADRADO
DIEGO L RESTREPO, P.A.
2600 SOUTH DOUGLAS ROAD, SUITE 913
CORAL GABLE, FL 33134

SUBJECT: ALINEA INVESTMENTS LLC
Ref. Number: L17000033578

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT MUST BE SIGNED BY A MEMBER OR AUTHORIZED REPRESENTATIVE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 719A00020795



Diego L. Restrepo, P.A.
Attorneys at Law

Member:
Florida Bar Association

2600 S Douglas Road, Suite 913
Coral Gables, Florida 33134

Telephone: (305) 447-9430
Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:
Florida Institute of Certified
Public Accountants

October 17, 2019

Certified Mail Return Receipt Requested
No. 7017 3380 0000 6302 6606

Florida Department of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Ref: Alinea Investments LLC ("the Company")
Articles of Amendment to Articles of Organization

To whom it may concern:

In response to your letter Number L17000033578 dated October 9, 2019 enclosed please find the corrected Articles of Amendment to the Articles of Organization for the above referenced Company. Please apply check No. 1731 in the amount of US\$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

By: 

Luisa Elena Cuadrado, Paralegal

2019 OCT 22 PM 12:11
w/enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALINEA INVESTMENTS 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:

LUISA ELENA CUADRADO

Name of Person

DIEGO L. RESTREPO, P.A.

Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LUISA@RESTREPOLAW.COM

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

For further information concerning this matter, please call:

LUISA ELENA CUADRADO

305 447-9430
at ()

Name of Person

Area Code

Daytime 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ALINEA INVESTMENTS 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 02/10/2017 and assigned
Florida document number L17000033578.

This amendment is submitted to amend the following:

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

JARISTI MANAGEMENT LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[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.

2019

Signature of a member of authorized representation: _____

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee