## L17000099156

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SECRETARY OF STATE ON STATE OF CORPORATIONS

N. CAUSSEAUX AUG 1 1 2017

## **COVER LETTER**

ALEXANO	GEL LLC		
object.	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	CAROLYN KAHL		
		Name of Person	<del></del>
	ROCA GONZALEZ P.A.		
		Firm/Company	
	3370 MARY STREET		
		Address	<del></del>
	MIAMI, FLORIDA 33133		
		City/State and Zip Code	
	CKAHL@RGPA.COM		
	E-mail address: (	to be used for future annual report notif	ication)
For further information (	concerning this matter, please ca	all:	
CAROLYN KAHL		305 859-6050	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

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

ALEXANGEL 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  $\frac{05/04/2017}{}$ and assigned Florida document number \_ L17000099156 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 "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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>	Address	Type of Action
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	date, if other than the date of filing:  the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this day's effective date on the Department of State's records.	ng.) Pursuant to 605.0207 (3)the will not be fisted as the
the recor the 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	1. on the earlier of:
Al	JGUST 7TH 2017	
Dated	Viouelle Aland	
	Signature of a member or authorized representative of a member	
	AND COMPANIED FO	
	ALESSANDRO VIANELLO Typed or printed name of signee	<del></del>

Filing Fee: \$25.00