

10/17/2017

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GILMAN CIOCIA INC.
Account Number : I20120000051
Phone : (305)937-7773
Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NADYA.USOVICH@ptax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLEGRIA INNOVATION LLC

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2017 OCT 17 AM 12:36

ALLAH... FLORIDA

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Corporate Filing Menu

Help

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

ALLEGRIA INNOVATION 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 05/10/2017 and assigned
Florida document number L17000104562.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2875 NE 191 STREET

SUITE 601

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2875 NE 191 STREET

SUITE 601

AVENTURA, FL 33180

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:

2875 NE 191 STREET, SUITE 601

Enter Florida street address

AVENTURA

City

Florida

33180

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:

NGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANAIS ORELLE A ATTIA	2875 NE 191 STREET	<input type="checkbox"/> Add
		SUITE 601	<input type="checkbox"/> Remove
		AVENTURA, FL	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 OCT 1949

17 OCT 1949

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/09 2017

Final

Signature of a member or authorized representative of a member

ANNAIS ORELLE A ATTIA

Typed or printed name of : _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2017

ALLEGRIA INNOVATION LLC
C/O DANIEL BENGIO
1200 N. FEDERAL HWY., STE 400
BOCA RATON, FL 33432 US

SUBJECT: ALLEGRIA INNOVATION LLC
Ref. Number: L17000104562

It has been brought to the attention of this office that ALLEGRIA INNOVATION LLC, is not located at 22088 MARTELLA AVE BOCA RATON, FL 33433, as listed on the records of the Florida Department of State, Division of Corporations.

Therefore, the purpose of this notice is to: 1.) notify the owner of the Corporation of the incorrect data; and 2.) notify the owner that it is a third degree felony to knowingly and willingly falsify or conceal a material fact or make any false, fictitious, or fraudulent statement in any matter within the jurisdiction of the Florida Department of State. Therefore, the information must be corrected on our records by filing the enclosed form and paying the appropriate fee. This filing will prevent any further action by this office. We can change the Principal, Mailing, & officer/director addresses at no charge.

To change your Registered Agent and/or Registered Office, please complete and submit the enclosed form along with the application filing fee.

This business entity will be dissolved/revoked on or after November 27, 2017 unless an address change that complies with Florida Statutes is sent to my attention at the address below.

Please reply to this letter and provide me with the correct address so that I may correct our records accordingly or contact me by phone at (850) 245-6900.

Sincerely,
Kimberly S. Prather
Division of Corporations

2017 OCT 17 AM 10:36
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314