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S. WARREN JUN 2 0 2017

COVER LETTER

TO: • Registration Section Division of Corporations

ALLIANCE MARKETING AAA, L.L.C.

SUBJECT:

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:

ALFREDO TAVAREZ

Name of Person

Firm Company

176339 NW 63RD COURT

Address

HEALEAH, FLORIDA 33015

City/State and Zip Code

ATAVAREZ@REYESLAWGROUPFL.COM

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

For further information concerning this matter, please call:

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

ALLIANCE MARKETING AAA, L.L.C.

(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 $\frac{MAY 31, 2017}{}$ and assigned Florida document number $\frac{L17000119217}{}$.

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. <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Enter Florida street add	dress
	. Florida 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. Of if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited limiting of this change.

If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ALFREDO TAVAREZ	17339 NW 63RD CT	🖬 Add
		HIALEAH, FLORIDA 33015	Remove
			Change
PR	ALFREDO TAVAREZ	17339 NW 63RD CT	🖸 Add
		HIALEAH, FLORIDA 33015	🖩 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effect	tive date, if other than the date of filing:(optic	onal) Gluga i Pueriumt to 605/0207	13765
<u>.voue.</u>	If the date inserted in this block does not meet the applicable statutory fiting requirements, this	date will not be listed as	the
docur	nent's effective date on the Department of State's records.		
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a		:
(b) The	90th day after the record is filed.		
Dated	$\frac{\text{JUNE 12}}{2} \qquad \frac{\gamma}{2} \qquad \frac{2017}{2} \qquad (1)$		
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	Signature of a member or authorized a member		
	ALFREDQ TAX AREZ		
	Typed or printed name of signee	<u> </u>	
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Filing Fee: \$25.00