## 118000010126

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>-</del> #)
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DIVISION OF CORPURSION

N COOPER JUN 1 9 2018

## **COVER LETTER**

	ion Section of Corporations
	ALA LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	GROSS, RAYMOND H
	Name of Person
	Firm/Company
	1520 SOUTH M STREET
	Address
	LAKE WORTH, FL 33460  City/State and Zip Code
	rayhgross@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Laurent Dareau	+1 (239) 220-4638
	at ()  Jame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	Tee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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 as it now appears on our record (A Florida Limited Liability Company)	
	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company were filed on L18000010126	and assigned
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<b>8</b> 18
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	18 CARY
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u>م</u> ج
	<b>£</b> §

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	
	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAREAU, LAURENT		
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		 ਦ ਦ	COLSTAILE GRPORATION
		_ <del>_</del> _	HOH
	6/14/18		
E. Effect (It an et	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	t to 605.	0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	be liste	d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlie	r of:
Dated	6.14.18		
	Signature of a member or authorized representative of a member		
	LAURENT DAREAU Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00