L18000033747

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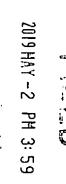
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C. GOLDEN MAY 1 5 2019

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: ALO	HA EMTERPRIZ Name of Limi	En しして ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspond	dence concerning this matter (to the following:	
	HELARY	Sacua Name of Person	
		Firm/Company	
		Address	
	S AROSA	TA FL. 34234 City/State and Zip Code	
	E-mail address (t	O be used for future annual report notifi	MAZE-COM ication)
For further information cor	ncerning this matter, please ca	ill:	
Name of I	S∓LJA 'erson	at (321) 543 - 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)

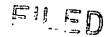
MAILING ADDRESS:

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**



ALOMA ENTERPREZESL	.LC	2019 MAY -2 PM 3:59
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. Jability Company)	
(· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability Company	were filed on $DZ /OG/Z$	o 18 and assigned
Florida document number <u>L18000033747</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		#x
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		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	
	. Flor	rida
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
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(If an ef Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	AMBIL 2019.

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Filing Fee: \$25.00