L1800	048607
(Address)	900309985059
(City/State/Zip/Phone #)	03/12/1801021026 **35.00
Office Use Only	MAR 1 4 2019 Y SULKER

	(COVER LETTER	
TO: Registration So Division of Co			
	DING GROUP LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	ALFRED F. ANDREU, ES	Q.	
		Name of Person	
	ALFRED F. ANDREU, P.A	λ. I	
		Firm/Company	
	7000 SW 97TH AVENUE,	SUITE 201	
	· · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FLORIDA 33173	i	
	ALFRED@ANDREU-LAW	City/State and Zip Code	
	=	be used for future annual repo	rt notification)
For further information c	concerning this matter, please ca	n:	
ALFRED F. ANDREU		305 403-85	16
Name (of Person	at () Area Code E	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 Fce & Certified Copy (additional copy is enclosed	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle
		1	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		OF		
		U1		
A&L HOLDING GROUP LLC				
(Name of the Limited	Liability Con	npany as it no	w appears on our records.) mpany)	
(*	A Florida Limit	ed Liability Co	impany)	
The Articles of Organization for this Limited Lia	, bility Compa	iny were file	d on <u>02/23/2018</u>	and assigned
Florida document number L18000048607				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited li	iability com] pany here:	
The new name must be distinguishable and contain the wor	rds "Limited Li	ability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS	<u> </u>		
Enter new mailing address, if applicable:				· · ·
(Mailing address MAY BE A POST OFFICE B	<i>OX</i>) +			
	·			20
			· · · · · · · · · · · · · · · · · · ·	
				271 2 500 5000
B. If amending the registered agent and/o	r registered	office add	lress on our records, <u>e</u> I	nter the name of the new
registered agent and/or the new registered offi	ce address h	<u>iere</u> :		
				6 4
Name of New Registered Agent:	ALFRED É.	ANDREU, E	.A.	5. C
- <u></u>	i			
New Registered Office Address:	7000 SW 97	TH AVENU	E, SUITE 201	
			Enter Florida street address	
	MIAMI		F1	ia <u>33173</u>
		 City	, r ioria	Zip Code
No. Destant dia stati di si tenti di te		<i>,</i>		
New Registered Agent's Signature, if changing Re	gistered Age	<u>nt:</u>		

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

Page 1 of 3

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

1 .

MGR =	Manager	
AMBR =	Authorized	Member

•

MGR = N $AMBR = A$	lanager .uthorized Member		1	
<u>Title</u>	Name	<u>A</u>	ldress	Type of Action
AMBR	ALINSON CHACON		(□ Add
		_	1	□ Remove
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	1	Page 2 of 3	! }	
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D. If amending any other information, enter change(s) here: (Attach ac	
THIS AMENDMENT IS BEING MADE TO CORRECT THE LEGAL	NAME OF THE AUTHORIZED

.

· · · · · · · · · · · · · · · · · · ·		
MEMBER. THE CORRECT NAME	IS ALINSON CHACON.	
		
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		14A8
	03/02/2018	
Effective date, if other than the date of (If an effective date is listed, the date must be specified)	fin and cannot be prior to date of filing or	(optional) (optional) (005.0207(3)) (005.0207(3))
Note: If the date inserted in this block does	not meet the applicable statutory fill	ing requirements, this date will not be listed as th
document's effective date on the Department	t of State's records.	49 405
be record specifies a delayed effect	ive date but not an effective	time, at 12:01 a.m. on the earlier of:
The 90th day after the record is f		time, at 12.01 a.m. on the camer of.
Dated MARCH 2ND,	2018	
Dated	,,,	
		· · · · pa
Signature	of a member or authorized representati	ve of a member
	Typed or printed name of signee	
	D: . 2 (2	
	Page 3 of 3	
	Filing Fee: \$25.00	