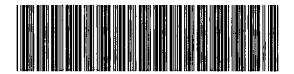
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SECRETARY OF STATE OF STATE OF CORPORATIONS

N COOPER MAY 16 2018

COVER LETTER

TO: Registration Division of	n Section Corporations
	OLDING GROUP LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Ludwig Klein
	Name of Person
	Firm/Company
	7620 NW 25TH STREET UNIT 2
	Address
	MIAMI FL 33122
	City/State and Zip Code ALHOLDINGGROUP2018@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
LUDWIG KLEIN	954 6085603 at ()
N	me of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	The state of Status Certificate of Status Certified Copy

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

A&L HOLDING GROUP LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		76
(Principal office address MUST BE A STREET ADDRESS)		I CR
		- 977 - 977 - 977
		ORPO ORPO
Enter new mailing address, if applicable:		= 9.0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		enter the name of the new
New Registered Office Address.	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as page.	performance of my duties, and	d I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUDWIG KLEIN	7620 NW 25TH STREET UNIT 2	■ Add
-		MIAMI, FL 33122	☐ Remove
			Change
AMBR	ALISON CHACON	7620 NW 25TH STREET UNIT 2	□ Add
		MIAMI, FL 33122	■ Remove
			☐ Change
			Add
			Remove
			Change

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. Effective d	ate, if other than the date date is listed, the date must be sp	of filing:			(optional)	
(If an effective Note: If the	date is listed, the date must be sp date inserted in this block d	ecific and cannot be oes not meet the ar	prior to date of fil	ing or more than 90 day	s after filing.) Pursuant to 603 is, this date will not be list	5.0207 (ted as t
	effective date on the Departr				,	
				_		_
the record The 90th	specifies a delayed effe anday after the record i	ective date, but is filed.	not an effe	ctive time, at 12	:01 a.m. on the earli	er of:
	•	•	Λ			
MAY Dated	11TH	, 2018				
		# 11	.			

Page 3 of 3

Filing Fee: \$25.00