	··· '-··			n of Corporation Filing Cover S			
			print this page and wn below) on the top	p and bottom of	all pages of the		
				000309290 3)			
			hit the REFRESH/ page. Doing so will			vser from this	<u> </u>
		To: From:	Division of Co Fax Number Account Name Account Number Phone	: (850)617- : ASSOCIATE r : ĭ20110009 ; (305)823-	D TAX CONSUL 056 9292	TANTS GROUP, O	
		annual repor	Fax Number address for thi t mailings. Ente s: <u>HANK @ -</u>	s business er ar only one e	ntity to be a mail address	please.**	
		LLC AM	ND/RESTATE/ GRUP	CORRECT C O ALKE LLC		ESIGN	
• •	0 bit cit 0		Certificate of Status Certified Copy Page Count Estimated Charge		0 0 01 \$25.00	T. CL OCT 2 EXAN	INE 6 2018
	2018 CCT 25	. .				EXAN	IINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF GRUPO ALKE LLC Channe of the Limited Limitity Compare on an observe as our resords. (A Flands Limited Limitity Compare of now abserve as our resords.) The Articles of Organization for this Limited Liability Company were filed on		H18000309290 3			
TO ARTICLES OF ORGANIZATION OF GRUPO ALKE LLC CRUPO ALKE LLC (Memory discound colspan="2">Contrast of mory appears as now appears as now appears as our resords.) The Articles of Organization for this Limited Liability Company were filed on		ARTICLES OF AMENDMEN	NT		
OF GRUPO ALKE LLC (A Florida Linkildi, Company of a now appears on our resords.) (A Florida Linkildi, Lin		TO TO		•	· ·
(Same of the Limbitic Limbitic Company on an records.) (A Florida Limbitic Limbitic Limbitic Limbitic Limbitic Company) The Articles of Organization for this Limited Liability Company were filed on			ION		
Channe of the Limited Liability Company on three of one records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on					
The Articles of Organization for this Limited Liability Company were filed on 10/25/2018 and assigned	-	GRUPO ALKE LLC (Name of the Limited Liability Company as it now appears	Off One precords		
Florida document number					
Forder dockinent number	The Articles of	Organization for this Limited Liability Company were filed on	10/25/2018	and assig	med
A If amending name, enter the new pame of the limited liability company here: The new name must be distinguisbuble and contain the words "Limited Liability Company." the designation "LC" or the abbrivation "CC." Enter new principal offices address, if applicable: (Principal office address, if applicable: (Mailing address, if applicable: (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, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: (City) (City) (City) (City) New Registered Agent's Signature, if changing Registered Agent: (City) (City) (City)	Florida docume	ent number		t	, ,
The new name must be distinguisbubit and contain the words "Limited Liability Company." the designation "LLC" or the abbreview on "C." Enter new principal offices address, if applicable: <i>(Principal office address MUST BE A STREET ADDRESS)</i> Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE BOX)</i> 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 on our records, <u>enter the name of the new</u> Name of New Registered Agent: New Registered Office Address: <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i>Cioy</i> <i></i>	This amendmer	nt is submitted to amend the following:			
The new name must be distinguisbubit and contain the words "Limited Liability Company." the designation "LLC" or the abbreview on "C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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, enter the name of the new registered agent and/or the new registered office address bere: Name of New Registered Agent: New Registered Office Address: City Cit	A If amendin	g name, enter the new pame of the limited liability company been	1 *	•.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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, enter the name of the new registered acent and/or the new registered office address bere: Name of New Registered Agent: New Registered Office Address: City C				. ,	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (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, enter the name of the new registered agent and/or the new registered office address bere: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	The new name mus	st be distinguishable and contain the words "Limited Liability Company," the desi	spation "LLC" or the	abbravigtion '	<u> </u>
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, 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 City New Registered Agent's Signature, If changing Registered Agent: I hereby accept the appointment as registered agent and and a street address	Enter new prin	cipal offices address, if applicable:			_ و مهر ۱۰۰
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, 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 Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered opens and a	(Principal office	e address MUST BE A STREET ADDRESS			•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B()X) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City City Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and const		· · · · · · · · · · · · · · · · · · ·	i 		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 City City Vew Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and on the data and agent and on the data and agent a	Enter root	line obtains the second second		AH	
B. If amending the registered agent and/or registered office address on our records, 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 City Zip Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and on the open of the appointment of the appoint appoint appoint appendix appointment of the appoint appendix appointment of the appoint appendix appen				<u> </u>	<u> </u>
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and		$\frac{1}{2} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^$	<u>.</u>	10 S	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and		<u></u>			· · · · · ·
New Registered Office Address: Enter Florida street address City	B. If amerdin	IF the registered agent and/or registered attacks			
New Registered Office Address: Enter Florida street address City	B. If amerdin	IF the registered agent and/or registered attacks	ur records, <u>enter</u>		the new
Enter Florida street address City	B. If amendin registered agent	ig the registered agent and/or registered office address on or t and/or the new registered office address here:	ur records, <u>enter</u>		the new
City	B. If amendin registered agent <u>Name o</u>	ig the registered agent and/or registered office address on ou t and/or the new registered office address here: of New Registered Agent:	ur records, <u>enter</u>		<u>the new</u>
City 2ip Code	B. If amendin registered agent <u>Name o</u>	ig the registered agent and/or registered office address on ou tand/or the new registered office address here: of New Registered Agent: esistered Office Address:			the new
New Registered Agent's Signature. If changing Registered Agent: I hereby accept the appointment as registered agent and an	B. If amendin registered agent <u>Name o</u>	ig the registered agent and/or registered office address on ou tand/or the new registered office address here: of New Registered Agent: esistered Office Address:	street address		the new
I hereby accept the appointment as registered agent and agree to act in this congain. I fund	B. If amendin registered agent <u>Name o</u> <u>New Re</u>	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Enter Florida s City	street address	the name of	<u>the new</u>
provisions of hill statutes relative to all	B. If amendin registered agent <u>Name o</u> <u>New Re</u>	ig the registered agent and/or registered office address on ou t and/or the new registered office address here: of New Registered Agent: egistered Office Address: Enter Florida s City City	street address , Florida	the name of 2ip Code	
$1 \rightarrow 1 \rightarrow$	B. If amendin registered agent New Registered A I hereby accept to provisions of all accept the obliged	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Enter Florida s City City City Security Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capa statutes relative to the proper and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of thions of my position as registered agent and complete performance of my of the agent of the proper and complete performance of my of the agent of the proper and complete performance of my of the agent of the proper agent agent agent of the proper agent agen	street address , Florida ncity. I further agr duties, and I am fu	the name of Zip Code Zip Code	with the
being filed to merely reflect a change in the registered office addue to the chapter 605, F.S. Or, if this document is	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: City Ci	street address , Florida ncity. I further agr duties, and I am fu	the name of Zip Code Zip Code	with the
being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change.	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: City Ci	street address , Florida ncity. I further agr duties, and I am fu	the name of Zip Code Zip Code	with the
being filed to merely reflect a change in the registered office address of the chapter 605, F.S. Or, if this document is	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: City Ci	street address , Florida ncity. I further agr duties, and I am fu	the name of Zip Code Zip Code	with the
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.	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here:	street address , Florida , Florida duties, and J am f duties, and J am f ther 605, F.S. Or, onfirm that the lim	the name of the name of Zip Code ree to comply w amiliar with ar if this document if this document	with the
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	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: Enter Florida s City City Secut's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capa statutes relative to the proper and complete performance of my batteries of my position as registered agent as provided for in Chap rely reflect a change in the registered office address, I hereby complete an notified in writing of this change. If Changing Registered Agent, S	street address , Florida , Florida duties, and J am f duties, and J am f ther 605, F.S. Or, onfirm that the lim	the name of the name of Zip Code ree to comply w amiliar with ar if this document if this document	with the
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.	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: Enter Florida s City City Secut's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capa statutes relative to the proper and complete performance of my batteries of my position as registered agent as provided for in Chap rely reflect a change in the registered office address, I hereby complete an notified in writing of this change. If Changing Registered Agent, S	street address , Florida , Florida duties, and J am f duties, and J am f ther 605, F.S. Or, onfirm that the lim	the name of the name of Zip Code ree to comply w amiliar with ar if this document if this document	with the
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	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: Enter Florida s City City Secut's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capa statutes relative to the proper and complete performance of my batteries of my position as registered agent as provided for in Chap rely reflect a change in the registered office address, I hereby complete an notified in writing of this change. If Changing Registered Agent, S	street address , Florida , Florida duties, and J am f duties, and J am f ther 605, F.S. Or, onfirm that the lim	the name of the name of Zip Code ree to comply w amiliar with ar if this document if this document	with the
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, <u>Stenature of New Registered Agent</u>	B. If amendin registered agent <u>New Registered A</u> New Registered A I hereby accept to provisions of all accept the obliga- being filed to me	ing the registered agent and/or registered office address on out and/or the new registered office address here: of New Registered Agent: Existered Office Address: Enter Florida s City City Secut's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capa statutes relative to the proper and complete performance of my batteries of my position as registered agent as provided for in Chap rely reflect a change in the registered office address, I hereby complete an notified in writing of this change. If Changing Registered Agent, S	street address , Florida , Florida duties, and J am f duties, and J am f ther 605, F.S. Or, onfirm that the lim	the name of the name of Zip Code ree to comply w amiliar with ar if this document if this document	vith the

		H	18000309290 3		• .
If amen	ling Authorized Person(s) author sed from our records:	rized to man	nage, enter the title, name	and address of each	person being adde
	11.1			· .	
MGR = AMBR =	Manager Authorized Member		· ·	,	•
Title	Name		Address)) }	Type of Action
AMBR	HENRY J GARCIA		6163 MIAMI LAKES DR	É	
	· · · · · · · · · · · · · · · · · · ·		MIAMI LAKES, FL 3301		- 🔄 🗄 Add
					🗆 Remove
					Change
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
				1	
				1	Remove
:			<u> </u>		E Contraction of the second se
				r.	j. - -4
<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5	DAdd F
		.'			
		•			_⊡ Change
		- .			Add
			<u>_</u>	<u> </u>	_ C Remove
				1 ,	_□ Change
		•	· · · · · · · · · · · · · · · · · · ·		_LI Change
	·····				_D Add
			· ·		· ·
					_ Remove
			· · ·		_□ Change
-	· · · · · · · · · · · · · · · · · · ·				_D Add
•				· · · · · · · · · · · · · · · · · · ·	C Remove
		•	• • •		5.4
					Change
		Page 2 of	r3		
1		-			

i 11		H18000309290 3			
D. If amer	ding any other information, en	ter change(s) bere: (Attach addit	tional sheets, if necessar	y.)	
			· · · · · · · · · · · · · · · · · · ·		
					· .
·					
				<u></u>	
	· · · · · · · · · · · · · · · · · · ·	·			
			3		
					 p
		· · · · · · · · · · · · · · · · · · ·			1.). T.).
	·			بر م بر	C
				S	
E EST-4	and the state of the second			,	
(If an effect <u>Noté:</u> If	date, if other than the date of i ive date is listed, the date must be specifi the date inserted in this block does t's effective date on the Department	ic and cannot be prior to date of filing or m not meet the applicable statutory filin	(optional) note than 90 days after filing. ng requirements, this date	Pursuant to 605. will not be liste	0207 (3)(b) d as the
		•			
If the recei	d specifies a delayed effection oth day after the record is fil	ve date, but not an effective t led.	time, at 12:01 a.m. (on the earlie	er of:
(\mathbf{p}) The \mathbf{p}		•			
	CTOBER 25	2018	• • •		•
	CTOBER 25	, 2018			
	- Sh-i		of a member		
	<u>Signature</u>	of a memberior authorized representative	: of a member		
	<u>Signature</u>		: of a member		
	<u>Signature</u>	of a member of authorized representative	of a member	······································	
	<u>Signature</u>	of a memberior authorized representative IRA DE AQUINO Typed or printed name of signee Page 3 of 3	of a member		
	<u>Signature</u>	of a member of authorized representative IRA DE AQUINO Typed or printed name of signee	e of a member	······	
	<u>Signature</u>	of a memberior authorized representative IRA DE AQUINO Typed or printed name of signee Page 3 of 3	of a member		