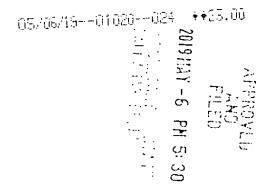
L180000081950

(Re	questor's Name)	_	
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO:

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	'ALESSA	NDRODEVELOPMENT"LLO	2"			
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed A	rticles of	Amendment and fec(s) are sub	mitted for filing.			
Please return al	l correspo	ndence concerning this matter	to the following:			
		ENZO D'ALESSANDRO				
			Name of Person			
		9748 NW 48TH TERR,	Firm/Company			
		DORAL, FLORIDA, 3317	Address ···		ZOLI PLAT	2.
		dalessandrodevelopment@	· -		(-6 PH	
For further info	rmation co	E-mail address: (oncerning this matter, please co	to be used for future annual report notif	fication)		
ENZO D'ALE	ESSANDR	o	786 , , 238-2207		_	
	Name of	Person		e Telephone Number		
Enclosed is a ch	neck for th	e following amount:				
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab lorida document number L18000081950	pility Company were filed on $\frac{0}{2}$	3/30/2018	and assigned
his amendment is submitted to amend the follow	ring:		
. If amending name, enter the new name of t	he limited liability company h	<u>iere</u> :	
YALESSANDRO DEVELOPMENT LLC			
ne new name must be distinguishable and contain the word	ds "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicab	ole: :		······································
Principal office address MUST BE A STREET.	ADDRESS)		
			YES D PH
nter new mailing address, if applicable:	<u></u>	<u> </u>	<u>. ∽</u>
<u> ailing address MAY BE A POST OFFICE BO</u>	<u> </u>		. 6
If amending the registered agent and/or gistered agent and/or the new registered office Name of New Registered Agent:		n our records, <u>enter tl</u>	ne name of the
New Registered Office Address:			
The state of the s	Enter Flo	orida street address	·
	DORAL	, Florida	78
	City	, r toriua	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

D'ALESSANDRODEVELOPMENT"LLC"

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 =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			₹ Commove
			Profit Control Contro
			Remove
			Change
			
			□ Remove
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	04/15/2019	•		
(If an a <u>Note</u>	ctive date, if other than the date of filing: [Greative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	ant to 605 at be liste	.0207 (ed as t	(3)(b) the
If the ro (b) Th	ecord 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.	e earlie	er of:	
Date	d APRIL, 15th 2019			
	11/20			
	Hessandungen			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00