48000095663

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OLVISION OF CORPORATIONS

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COVER LETTER

Name of Limitation of Limitation (Amendment and fee(s) are substituted and the concerning this matter	-		
Amendment and fee(s) are sub-	mitted for filing.		
	-		
ndence concerning this matter	to the following:		
Avo	Name of Person		
	Name of Person		
- ALY	UENTURES LLC Firm/Company		
<u>8332</u>	W. LAKE MARION Address	ROAD	
HAINES CITY, FL 31844 City/State and Zip Code			
neerning this matter, please co	all:		
INGRAM	at (863) એકા (ω877	
Person	Area Code Daytime	e Telephone Number	
e following amount:			
□ \$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		on rations	
	HOWES A. JACK E-mail address: (1) December of this matter, please of the concerning t	E-mail address: (to be used for future annual report notification for the concerning this matter, please call: NGRAN	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALY VENTRES	LLC Company as it now appears on our records.)
(A Florida L	Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	mpany were filed on $\frac{4/(6/2018)}{2018}$ and assigned
Florida document number <u>418000695663</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limits</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ess) 127 Parm RACE
	HAINES CITY, FL 31844 & YOU
	HANNES CITY, FL 3)844 & YS
Enter new mailing address, if applicable:	- TART OF FOR
(Mailing address MAY BE A POST OFFICE BOX)	121 PALM PLACE TO SEE
	HAINES CITY IFL 33844 & BY
D. If any adian the registered areas and/or register	
n. It amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	ANDREA INGRAM
New Registered Office Address:	127 PALM PLACE
	Enter Florida street address
<u>Ha</u>	NES C+FY . Florida 33844 . Zip Code
	Zij/ 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	andred ingram	127 PAUM PLACE	⊠ ∧dđ
		HAINES CITY FL 33844	Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Dated Dated Dated Dated Dated Dated Signature of a member or authorized representative of a member	. ——				
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Signature of a member or authorized representative of a member	Dated) UL _	13th.	2018.		
Signature of a member or authorized representative of a member			E.	-	
		Signature of a me	ember or authorized represer	ntative of a member	
ANDREA INGRAM			yped or printed name of sign		

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Filing Fee: \$25.00