

L18000098011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

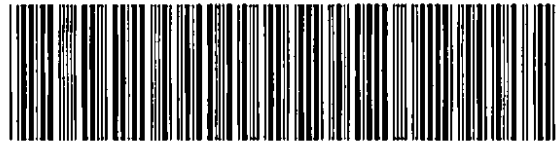
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 15 AM 8:07

N COOPER  
AUG 20 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLIANCE PROPERTY USA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO C MOLINA

Name of Person

J C MOLINA & ASSOC

Firm/Company

8260 W FLAGLER STREET STE 2-C

Address

MIAMI, FL 33144

City/State and Zip Code

JULIOMG @ BELL SOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO C MOLINA

305 559 9070  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	CALOGERO ALAIMO	10726 NW 58TH STREET	<input type="checkbox"/> Add
		DORAL, FL. 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Strategic Assets Purchase, LLC	10726 NW 58TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 08/08/2018 (optional)

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 08

2018

Signature of a member or authorized representative of a member

CALOGERO ALAIMO

Typed or printed name of signee