## L14000109542

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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of 2/3/2023

## **COVER LETTER**

	gistration Servision of Corp					
SUBJECT	ALCHEMY	AMERICAS LLC				
	<del></del>	Name of Lim	ited Liability Company	<del></del>		
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter				
		MELINA LAURA BOSCHELLI				
			Name of Person	, <u>, , , , , , , , , , , , , , , , , , </u>		
		ALCHEMY AMERICAS	LLC			
			Firm/Company			
		901 S SHORE DR				
			Address			
	MIAMI BEACH, FLORIDA, 33141					
			City/State and Zip Code			
			EMYAMERICAS.COM			
			to be used for future annual report not	ification)		
For further is	oformation co	oncerning this matter, please c	all:			
MELINA L	AURA BOS	CHELLI	203 832 437	74		
	Name of	Person	at ()	ne Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	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)		
	iling Address		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



December 21, 2022

MELINA LAURA BOSCHELLI 1 WINTHROP DRIVE RIVERSIDE, CT 06878

SUBJECT: ALCHEMY AMERICAS, LLC

Ref. Number: L18000109542

We have received your document for ALCHEMY AMERICAS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Florida law does not allow a business entity to designate a registered agent outside the State of Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00028482

Claretha Golden Regulatory Specialist II



November 3, 2022

MELINA LAURA BOSCHELLI 1 WINHROP DRIVE RIVERSIDE, CT 06878

SUBJECT: ALCHEMY AMERICAS, LLC

Ref. Number: L18000109542

We have received your document for ALCHEMY AMERICAS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must sign your complete legal name in each signature block.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00024727

Claretha Golden Regulatory Specialist II

20EC 16 AM 10: 0.



CECHTAL.

2022 OCT 31 PM 12: 28

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2022

MELINA LAURA BOSCHELLI 1 WINTHROP DRIVE RIVERSIDE, CT 06878

SUBJECT: ALCHEMY AMERICAS, LLC

Ref. Number: L18000109542

We have received your document for ALCHEMY AMERICAS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00022387

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Division of Corporations - P.O. ROY 6327 Tallahasson Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2023 JAN 31 PM 3:55

SECRITATION STATE

ALCHEMY AMERIC	AS.	LLC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Horida Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company	were filed on M	IAY 1st 2018	and assigned
Florida document mumber L18000109542				
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liah	ility company h	ere:	
ALCHEMY AMERICAS LLC				
The new name must be distinguishable and contain the words	s "Limited Liabi	hty Company," the	designation "LLC" or the abl	revistion "L.L C."
Enter new principal offices address, if applicabl	<b>4</b> -			
(Principal office address MUST BE A STREET A		901 S SHORE	E DR	
STATE THE COLUMN TO STATE OF THE STATE OF TH	(DDRESS)	MIAMI BEACH, FL 33141		
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		1 WINTHROP	P DR	
(Mailing address MAY BE A POST OFFICE BO	X)	RIVERSIDE,	CT, 06878	
	<del>-1</del>			
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office : <u>ere</u> :	address on our i	records, <u>ente</u> r the name	of the new registere
Name of New Registered Agent:	MELINA LAUI	RA BOSCHELLI		
New Registered Office Address:	901 S SHORE	DR		
New Registered Office Address.		Enter Flo	rida street address	· ·- ·-
, and the second se	MIAMI BEACH	H, FL	Florida 331	41
-		Cuỳ	, Florida <sup>331</sup>	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered approvisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi	ınd complete ed agent as j	performance of provided for in	f my duties, and I am fo Chapter 605, F.S. Or, 1	imiliar with and If this document is

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

Title	<u>Name</u>	Address	Type of Action
Manager	MELINA LAURA BOSCHELLI	901 S SHORE DR	
		MIAMI BEACH, FL 33141	□Remove
			□ Change
Manager	CEDRIC MAHE SOLE MBR	8526 STULTS RD. DALLAS, TX, 75243	
		<del></del>	□Change
			□Add
			🗀 Remove
		<u></u>	Change
			□Add
			Петоve
		<del></del>	Change
<del></del>			□Add
			Remove
			Change
<del>-</del>	<del></del>		□Add
			□Remove
			Change

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
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	•
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-	
Note: If	date, if other than the date of filing:  (optional)  we 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t 's effective date on the Department of State's records.
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JA Dated	NUARY 9TH 2023
	Signature of a member of authorized representative of a member
	MELINA LAURA BOSCHELLI
	Typed or printed name of signee

Filing Fee: \$25.00