Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALELLELEO LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALELLELEO LLC		FILE 22
	ollity Company as it now appears on our records	
(A Flor	ollity Company as it now appears on our records.) rida Limited Liability Company)	(6) N
	2442 224	
The Articles of Organization for this Limited Liability	Company were filed on 06/12/2018	and assigned
Florida document number L18000145144		9: 42
		10 1 2
This amendment is submitted to amend the following:		2
A. If amending name, enter the new name of the li	mited lightlity company here	
A. It amending name, enter the new name of the n	inted nabinty company neie.	
The new name must be distinguishable and contain the words "L	imited 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 ADD	D D E C C)	
Frincipal office dauress MOST BE A STREET ADI	URESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning dames mill be 111 Oct VIII CE BON		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reg		nter the name of the new
registered agent and/or the new registered office ac	idress nere:	
Name of New Registered Agent:		 ,
Navy Provintened Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	Zip 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

Page 1 of 3

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> MGR	Name CARLOS GARCIA	Address 500 S. DIXIE HWY SUITE 202 CORAL GABLES, FL 33146	Type of Action
			Remove T
MGR GONZALO LEON DASSUM FEBRES-CORDERO		801 SOUTH MIAMI AVENUE UNIT 2504. MIAMI, FL 33130	Change Change Change Add
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(I) an effective date is lasted, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: Ti 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 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	 If amending any other information, enter change(s) here \[\times \times \] 	e: (Attach additional sheets, if necessary.)
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Dated 02/22 2019	the record specifies a delayed effective date, but no) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
	Dated 02/22 2019	·
Signature of a member-or-authorized representative of a member	Signature of a manker or mate	Drived representative of a member
CARLOS GARCIA Typed or printed name of signee		ed name of sience

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Filing Fee: \$25.00