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Registration Section

TO:

Division of Co	rporations		
CITTALITACIO	ERNATIVE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JENNIFER FERNANDEZ	:	
	MALL-TERNATIVE, LL	Name of Person	
	-	Firm/Company	
	13750 W. COLONIAL DE	R. #350-250	
	WINTER GARDEN, FL 3	Address 4787	
	HJEXECUTIVES@GMAII	City/State and Zip Code	 -
For further information o	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	rfication)
JENNIFER FERNAND	EZ	407 558-2010	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALL-TERNATIVE, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/02/2018}{1}$ and assigned Florida document number L18000160226 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter thername of the new registered agent and/or the new registered office address here: 177 Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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, 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>	Type of Action
AMBR	HARRIETTE GEORGIOU	759 MEADOW GLADE DR	
		WINTER GARDEN, FL 34787	
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			Change
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Effective date, if other	than the date of fil	ling:		_ (optional)	
f an effective date is listed,	the date must be specific d in this block does no	and cannot be prior to da of meet the applicable	te of filing or more than 90 statutory filing requirem	days after filing.) Pursuant to ents, this date will not be	605.0207 listed as
document a cricente du	e on the Department	of State 3 records.			
ne record specifies a The 90th day afte	delayed effective the record is file	e date, but not an ed.	effective time, at :	.2:01 a.m. on the ea	ırlier o
NOVEMBER 19		2019			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee