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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Alesic Development 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:
Tennifer Watson Name of Person
Alesio Development LC
2435 Alcsio Aless
Night Fix 34286  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tennifer watson at 941 S44-9.745  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certified Copy (additional copy is enclosed)\$\$  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alesi	o Development LC
(Name of the Limite	d Liability Company aslit now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number	ability Company were filed on July 25; 2018 and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	ent is submitted to amend the following:  In name, enter the new name of the limited liability company here:  In the designation "LLC" or the abbreviation "L.L.C."  Incipal offices address, if applicable:  In the address MUST BE A STREET ADDRESS)  A sailing address, if applicable:  In the address of a applicable of a appli
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE)	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)
B. If amending the registered agent and/orthe new registered of	or registered office address on our records, <u>enter the name of the nev</u> fice address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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

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 = Au	ithorized Member			
<u>Title</u>	Name	Address	NIAL RAFE	Type of Action
mar	Name Jennifer Watson	2435 Alesio	Auc. 3428	<u>J</u> □ Add
				Remove
				□ Change
<u>AMB</u> R	July Buckmaster	2435 Alsio Ale	NOAHRA FI	<u>, </u> □ Add
				□ Remove
				Change
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Filing Fee: \$25.00