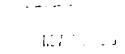
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	- #\
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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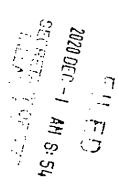
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Lat. 13/21

## **COVER LETTER**

TO:	Registration Se Division of Cor			
4110 H	ı Bayır		ESTANCIAS, LLC	
20R1	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ALPA ESTANCIAS, LLC  Name of Limited Liability Company  rticles of Amendment and fee(s) are submitted for tiling.  correspondence concerning this matter to the following:  ESTEBAN MOLINA MONASTERIO  Name of Person  Firm/Company  12308 PESCARA LN  Address  ORLANDO, FL 32827  City/State and Zip Code  E-mail address: to be used for future annual report notification)  rmation concerning this matter, please call:  DLINA MONASTERIO  Name of Person  Area Code  Daytime Telephone Number  seek for the following amount:  ag Fee  S 50.00 Filing Fee & Certified Copy  (additional copy is enclosed)		
			Name of Person	·
			Firm/Company	<del>.</del>
		12308 PESCARA LN		
			Address	
		ORLANDO, FL 32827		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ation)
For fu	nher information c	oncerning this matter, please ca	all:	
ESTEBAN MOLINA MONASTERIO		. /		
	Name o	f Person	Area Code Daytime	l'elephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S			ion _

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPA ESTANCIAS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on 10/29//2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4324 GUMBO LIMBO DRIVE
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32822
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regist
· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address
	Florida Ziv Coda
	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
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fan effective date is listed, the dat Note: If the date inserted in th	n the date of filing:	
record specifies a delayed eff d is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
NOVEMBER 23	Islih Yalu	
<del></del>	Signature of a member or authorized representative of a member	
	ESTEBAN MOLINA MONASTERIO	
	Typed or printed name of signee	

Filing Fee: \$25.00