<u>11800 272557</u>

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2019 JAN -2 PM 6: 06

R. WHITE JAN 11 2019

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Alcolock il LLC
SUBJECT: AICOTOCK II LE. 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:
1 . Ad A I
Liran Matok. Name of Person
A/colock // //c
19390 colling Av ## # 1/03
Synny Isles Beach Fl. 33160 City/State and Zip Code Liran 10@ Notmail. (UM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 954
Liran at (954) 681 3 7 44 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee Certificate of Status & Certificate 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

FILED

SECRETAR TUT STATE

ARTICLES OF ORGANIZATION OF 2019 JAN -2 PM 6: 06

Alcolock II		TALLAMASSEE, FL	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appo Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000272557</u>	were filed on _	11/26/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab $4/\sqrt{1}$			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	19390	colling Av.	# 1103
(Principal office address MUST BE A STREET ADDRESS)	Sunny	Colling Av. Isles Beuch	<u>F1 33/6</u> 0
Enter new mailing address, if applicable:	19390	Collins Av.	# 1103
(Mailing address MAY BE A POST OFFICE BOX)	Sunny	Collins Av. Isles Beach	F1 33160
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
. 		Florida	Zip Code
	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 AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> **Address** _□ Add □ Change ☐ Add □ Remove _ Change ☐ Remove _____ □ Change ☐ Remove ____ Change _□ Add □ Remove □ Change _ 🗆 Add _□ Remove

□ Change

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`an effe <u>Vote:</u> H	re date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
ated _	Dec 26 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00