

L18000289639
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : UP & DOWN TOWING CORP
 Account Number : 120190000076
 Phone : (786)862-1184
 Fax Number : (786)513-2688

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

Email Address: rubio.soylen@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ALEAGA'S EMPIRE LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2020 FEB 21 PM 1:31

2020 FEB 21 AM 11:12

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALEAGA'S EMPIRE 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:

SUYLEN RUBIO

Name of Person

ALEAGA'S EMPIRE LLC

Firm/Company

2476 NW 88 ST

Address

MIAMI, FL 33147

City/State and Zip Code

RUBIO.SUYLEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUYLEN RUBIO

786

538-2107

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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

ALEAGA'S EMPIRE 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 04/24/2019 and assigned

Florida document number L18000289659

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2476 NW 88 ST

MIAMI, FL 33147

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2476 NW 88 ST

MIAMI, FL 33147

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office 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, 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>	<u>Type of Action</u>
MGR	SUYLEN RUBIO SUAREZ	1393 W 42 ST	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DATE 01-27-2001 BY 60322 UCBAW

100

Filing Fee: \$25.00