L19000014654

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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			•
011915		DISPUTE RESOLUTION, LL	C	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		NICOLLE LAFOSSE-FER	RREIRA	
			Name of Person	
		LAFOSSE DISPUTE RES	OLUTION, LEC	
			Firm/Company	
		12 WIMBLEDON LAKE	DRIVE	
			Address	
		PLANTATION, FL 33324		
		-	City/State and Zip Code	
		SOFLORIDA16@GMAIL.		
		E-mail address: (to be used for future annual report no	otification)
For furth	ner information co	oncerning this matter, please co	ıll:	
NICOLI	LE LAFOSSE-FI	ERREIRA	954 600-4482 at ()	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration S	Section
	Division of C		Division of C	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 MAR 11 AM 10: 57

LAFOSSE DISPUTE RESOLUTION, LLC

UTE RESOLUTION, LLC

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our technology ASSEE, FL

The Articles of Organization for this Limited L. Florida document number L19000014654		led on JANUARY 14TH, 2019	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability co	mpany here:	
AEFALD, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liability Com	pany," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or the new registered office address.	registered office address	s on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	DAVID FERREIRA		
New Registered Office Address:	12 WIMBLEDON LAI		
		Enter Florida street address	
	PLANTATION	, Florida 🔀	3324
	Cit	r	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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00