

L19 000034982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

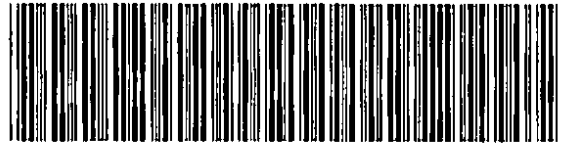
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALNISA 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:

NINOSKA MAYORCA  
Name of Person

ALNISA LLC  
Firm/Company

9821 SCRIBNER LANE  
Address

WELLINGTON/FLORIDA 33414  
City/State and Zip Code

NINOSKAMAYORCA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NINOSKA MAYORCA at ( 561 ) 8271299  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ALNISA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 02/04/2019 and assigned  
Florida document number L19000034982

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

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

**Enter new mailing address, if applicable:**

N/A

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

**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:

NINOSKA Sofia MAYORCA

New Registered Office Address:

N/A

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: September 1<sup>st</sup> 2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/14/2020

Signature of a member or authorized representative of a member

NINOSKA Sofia MAYORCA  
Typed or printed name of signee

Typed or printed name of signee

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No. 41964116

CERTIFICATE OF NATURALIZATION

Personal description of holder  
as of date of naturalization:

Date of birth: JANUARY 04, 1988

Sex: FEMALE

Height: 5 feet 04 inches

Marital status: MARRIED

Country of former nationality:  
VENEZUELA

U.S. NAT. Registration No. A207 312 962

I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

*[Signature]*  
(Holder and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of  
Homeland Security

at: ROYAL PALM BEACH, FLORIDA

The Secretary, having found that:

NINOSKA SOFIA MAYORCA

residing at:

WELLINGTON, FLORIDA

having complied in all respects with all of the applicable provisions of the  
naturalization laws of the United States, being entitled to be admitted as  
a citizen of the United States, and having taken the oath of allegiance at a  
ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: ROYAL PALM BEACH, FLORIDA on: JUNE 26, 2020

said person is admitted as a citizen of the United States of America.

*See C II*

U. S. Citizenship and Immigration Service



ATTENTION: ON THE DAY OF THE EXAMINATION  
ATTORNEY MUST BE PRESENT TO SIGN THE CERTIFICATE