

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ondence concerning this matter to	o the following:	
	Eliyahu Fox		
		Name of Person	
	ALLILLC		
		Firm/Company	
	270 w 35th St		
		Address	
	Miami Beach, FL, 33140		
	Eli@NaeliNaturals.com	City/State and Zip Code	 .
	E-mail address; (to	be used for future annual report notif	ication)
For further information	concerning this matter, please cal	II:	
Eliyahu Fox		305 282-3523	
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

TO:

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 ARTICLES OF ORGANIZATION OF

ALLI LLC				
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears or Liability Company)	our records.)	_
ne Articles of Organization for this Limited L	iability Company	were filed on <u>03/15/</u>	2019	and assigned
orida document number L19000074019	·			
nis amendment is submitted to amend the foll	owing:			
. If amending name, enter the new name o	of the limited liab	oility company here:		
ne new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6100 Hollywood bl	vd STE 305	
(Principal office address MUST BE A STREET ADDI		Hollywood, FL 330)24	
-				6110
				019 007
nter new mailing address, if applicable:				- 5
Mailing address MAY BE A POST OFFICE	BOX)			25-
			<u> </u>	<u>. 0</u>
			î.	47
. If amending the registered agent and egistered agent and/or the new registered o	_		ur records, <u>ente</u>	r the name of th
Name of New Registered Agent:				
New Registered Office Address:	6100 Hollywoo	od blvd STE 305		
		Enter Florida		
	Hollywood		Florida 3	
		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

Page 1 of 3

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>	Address	Type of Action
AMBR	Stephen Fiske	6100 Hollywood blvd STE 305	
			Add
		Hollywood FL, 33024	
			□ Remove
		Z100 H. H	Change
AMBR	Andrew Fiske	6100 Hollywood blvd, STE 305	= Add
	-	Hollywood, FL,33024	Add
		Tivity Wilder, Financial	☐ Remove
			Change
			Remove
			Change
			Remove
			LI Kelliove
			Change
			□ Remove
			Change
			□ Add
			□ Daws
			□ Remove
			Change
			Change

				
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ffective date, if other than the date an effective date is listed, the date must be s	e of filing:	Salara Al Clina and Salara et	(optional)	Duranant to 605 020
ote: If the date inserted in this block of	does not meet the applical	ole statutory filing req	uirements, this date v	will not be listed as
ocument's effective date on the Depart	tment of State's records.			
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record specifies a delayed off	rective date, but not	an enective time	, at 12.01 a.m. t	on the earner o
e record specifies a delayed eff The 90th day after the record	is filed.			
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The 90th day after the record	is filed. 2019	/	,	
The 90th day after the record		-· //	, , ,	
		- · //	mumber	

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Page 3 of 3

Filing Fee: \$25.00