## 1190000 94244

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SECRETARY OF STATE

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JAN 1 1 2020 I ALBRITTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SURJE	CT: ALLAMAD	DIECH	IKES LLC	
0000		Name of Limited	d Liability Company	<del></del>
The en	closed Articles of Amendment and	fee(s) are submi	tted for filing.	
Please	return all correspondence concernin	ig this matter to	the following:	
	<del></del>	MEL	SSA Y. NUNE	2
			rune or cerson	
		ALL4,	MADDIEC AKE Firm/Company	s LLC
		9841	SW 155 AVE.	<u> </u>
		MIAM	Ciru/State and Zin Code	196
	all	4madd	City/State and Zip Code  ie cakes @ an be used for future annual report noti	nail.com
	E-	mail address: (to	be used for future annual report noti	fication)
For fur	ther information concerning this ma	atter, please call	:	
	MEUSSA WU Name of Person	NEZ	at 305, 58	6-3555
	Name of Person		Area Code Daytim	e Telephone Number
Enclos	ed is a check for the following amo	unt:		
□ <b>\$</b> 2	5.00 Filing Fee	ng Fee & e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL ALLAND LEADLE

ALLTMADDIECAR	ES LLC
(Name of the Limited Liability (	Company as it now appears on our records.) mited Liability Company)
	4/05/2019 and assigned
The Articles of Organization for this Limited Liability Con	inpany were filed on $\frac{4/05/2019}{2014}$ and assigned
Florida document number <u>L 190000 9 4 é</u>	244
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The lief half the commission and the second	
Enter new principal offices address, if applicable:	ss)
(Principal office address MUST BE A STREET ADDRE.	SS A T
Transparones and Street Barres And Street	
	To P III
Enter new mailing address, if applicable:	19 3 D
<b>5</b>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	<u>ss here</u> :
	•
Name of New Registered Agent:	MELISSA Y. NUNEZ 9841 SW 155 AVENUE
Name of New Negistered Agent.	00111 011 100 010115
New Registered Office Address:	9841 SW 133 AVENUE
	Enter Florida street address
	MIAMI Florida 33196
	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.

Page 1 of 3

If Changing Registered Agent, Signature of

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
			Add
			Remove
		Change	
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
		Remove	
			Change
			Add
			□ Remove
			☐ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the red ) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	31 day of Ochber, 2019
	Signature of a member or authorized representative of a member
	Toshua Nunez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00