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COVER LETTER

Division of Corpor	rations		
SUBJECT: LISO	R. Alema	in LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for tiling.	
Please return all corresponde	ence concerning this matter t	to the following:	
	<u>Lisa Ne</u>	draia 2 Alem	an
		Firm/Company	
	7828 S	ugar Bend. Dr.	
		Address	
	Orlando	FL 32819 City/State and Zip Code Cogmail. wm	
	, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	
-	//Samilar5	o be used for future annual report notation	ation)
For further information conc	erning this matter, please ca	U:	
	10. /		
USA HOAN Name of Pe	avez Hema	at (407) 694 Daytime T	5 7.3 L Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee 1 F-L Dupt of State	□ \$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:

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Registration Section

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

Lisa R. Alen	nan LLC.		
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L1900011903</u>	Company were filed on <u>5-1-2019</u> BO	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line Lisa M. Rodngvez Aleman. The new name must be distinguishable and contain the words "Li	LLC.	abbreviation "L	(' "
Enter new principal offices address, if applicable:	mined family company, the designation the or of the		
(Principal office address MUST BE A STREET ADD	ORFSS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		the name o	of the ne
			
New Registered Office Address:	Enter Florida street address	12	
	, Florida	Zip Code.	
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am agent as provided for in Chapter 605, F.S. Or red office address, I hereby confirm that the h	familiar with ; if this docur	and nent is

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
		· .	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
		·	Remove
			Change
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			□ Change

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(If an effe <u>Note:</u>	the date, if other than the date of filing: (optional) (cive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord 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 _	July 5, 2019: 2:44pm.
	Signature of a member or authorized representative of a member
	Lisa Rodriguez Aleman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00