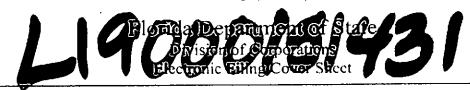
TO:18506176383 FROM:5615375904 07:23 AM 64/20/2020 Page:

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERNATIONAL DIVISION BY LARSON LLC

Account Number : I20190000106 : (407)982-2239 : (407)370-3120 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FERNANDA . ID@ LARSONACC . WM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALCAPED LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

COVER LETTER TO: Registration Section **Division of Corporations** ALCAPED LLC SUBJECT: 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: CAROLINE LARSON Name of Person INTERNATIONAL DIVISION BY LARSON LLC Firm/Company 7901 KINGSPOINTE PARKWAY STE 15 Address ORLANDO, FL 32819 City/State and Zip Code PRIVATE@LARSONACC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 370 3686 CAROLINE LARSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee. \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

Page: 3 04/20/2020 07:23 AM TO:18506176383 FROM:5615375904

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALCAPED LLC				
(Name of the Limited	Liability Company as it now appears on our records. A Florida Limited Liability Company)	020 APR		
The Articles of Organization for this Limited Lial Florida document number L19000151431 This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to	ving:	and assigned 10: 45		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, ce address here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City Flor	rida 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: 4 04/20/2020 07:23 AM TO:18506176383 FROM:5615375904

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
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Page: 5 04/20/2020 07:23 AM TO:18506176383 FROM:5615375904

				
				
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Effective date, if other than t (If an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	nust be specific and cannot be pri block does not meet the appl	icable statutory filing requ	(optional) n 90 days after filing.) Pursuar irements, this date will not	nt to 605.0207 be listed as
f the record specifies a delay b) The 90th day after the r	ed effective date, but r ecord is filed.	oot an effective time,	at 12:01 a.m. on the	earlier of
	2019			
Dated APRIL 13		· ·		

Page 3 of 3

Filing Fee: \$25.00