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COVER LETTER

TO:

TO: Registration So Division of Co			
SUBJECT:	ALLE 10	,LLC	
3003000	Name of Lim	ited Liability Company	
The enclosed Articles of	Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. And Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Articles of Amendment and fee(s) are submitted for tilling. Address P61+ 5+ Luc/e FL 34.983 City/State and Zip Code The Found address: fto be used for future annual report notification) Firmt Company Articles of Amendment and fee(s) are submitted for tilling. Address P61+ 5+ Luc/e FL 34.983 City/State and Zip Code The Found address: fto be used for future annual report notification) Firmt Company Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitted for tilling. Articles of Amendment and Fee(s) are submitt		
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	_Sebastia	Name of Person	
		Firm/Company	
	421 NW R	Fig. 255.00 Filing Fee & S60.00 Filing Fee.	
	POIT ST LU INFO-CO	Cle FL 349 City/State and Zip Code	183 11.com
For further information c			lication)
Sobastic Name o	D) 62 of Person	at (<u>954</u>) <u>655</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calle 10,LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 19000 (6020</u>)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1. 10
Enter new mailing address, if applicable:	
• •	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	office address on our records, <u>enter the name of the name</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	nt <u>:</u>

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, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Astold Y. Carmona	421 NW RNEISIDED1.	
		Part St Lucie, FL 349	83 □ Remove
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f an effective <u>Note:</u> If the	date is listed, the date inserted in	this block does n	and cannot be prior	rable statutory filing	(option ore than 90 days after file requirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
		elayed effectiv le record is file		ot an effective ti	me, at 12:01 a.r	n. on the earlier o
Dated	lugust s	12	2019 ~ Du		Hauth B	
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-		Signature c	of a member or auth	orized representative	of almember	

Page 3 of 3

Filing Fee: \$25.00