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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Alignment Agency 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:
Mala Signal Name of Person
The Alignment Agency LLC Firm/Company LDEG. L. L. C. L. L. H. 23
Address Address
City/State and Zip Code E-mail address: (to be used for future amount report notification)
For further information concerning this matter, please call:
Shol a Shorth at 954 451- 17495 Name of Person at 954 451- 17495 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Align	nerit Aner	20201111 - 2 PM 1:01	
(Name of the Limited Liab)	lity Company as it now appears da Limited Liability Company	on our necords.)	
The Articles of Organization for this Limited Liability Florida document number \(\bigcup_\Q \Q \Q \Q \) \(\frac{749}{2} \)	, , ,	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	2:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		-	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our rec	ords, <u>enter the name of the new re</u>	egistered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	***
<u></u>		, Florida	
	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

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
MBR	Alor slate.	12524 Tyrayahor) XAdd
		Grando, Francis	□Remove
			□Change
TWES	Midelle Smith		∑ X∧dd
		Adm Bay, FL 300) ∏□Remove
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			Change

,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) [ective 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 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	to the control of the
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Feb 28th 2020
	Signature of a member or authorized representative of a member
	and anoth
	Typed or printed name of signee

Filing Fee: \$25.00