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T. MATTHEWS

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor		r 11 <i>0</i>	
SUBJECT: ALEX MA	RKETING & MANAGEMEN' Name of Lim	ited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MARIANA ROSALES DU	JQUE	
	Articles of Amendment and fee(s) are submitted for filting. all correspondence concerning this matter to the following: MARIANA ROSALES DUQUE Name of Person ALEX MAEKETING & MANAGEMENT, LLC Firm/Company 4643 NW 97TH PL Address DORAL, FL, 33178 City/State and Zip Code marianarosales3010@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: ROSALES DUQUE Name of Person Area Code Daytime Telephone Number check for the following amount: check for the following amount:		
	ALEX MAEKETING & M	IANAGEMENT, LLC	
		Firm/Company	
	4643 NW 97TH PL		
	Address		
	DORAL, FL. 33178		
		City/State and Zip Code	
			fication)
For further information c			
MARIANA ROSALES DUQUE		305 4572595	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$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		<u>Street Address:</u> Registration Sec	ction
Registration S Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 31 25 64 12: 09

ALEX MARKETING & MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	ey were filed on 07/09/2019 and assigned
	· · · · · · · · · · · · · · · · · · ·
Piorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: time must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." w principal offices address, if applicable: address MUST BE A STREET ADDRESS) w mailing address, if applicable: address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered d/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	e:
D. I.C. and the state of the st	and draws are some records, and on the name of the name recipioned
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
Nau Pagistaryl Offica Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Degistered Agent's Signature if changing Registered Agen	••

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 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>	Name	Address	Type of Action
MGR	MARIANA ROSALES DUQUE	16140 S POST RD APT 303	□Add
		WESTON, FL. 33331	■Remove
			□Change
			□ Add
			□Remove
			□Change
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ffective date, if other than the d	01/03/2022		(, _4 ; , , , , 1)	
arecuve date, ii other than the di	e specific and cannot be prior to o	date of filing or more than 90 e statutory filing requires	(optional) days after filing.) Pursuant to 605 nents, this date will not be list	6.0207 (ed as t
an effective date is listed, the date must boote: If the date inserted in this bloc	artment of State's records.			
an effective date is listed, the date must b Note: If the date inserted in this bloc ocument's effective date on the Department of the	artment of State's records.	, at 12:01 a.m. on the ear	lier of: (b) The 90th day afte	r the
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