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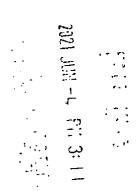
(Requestor's Name)
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COVER LETTER

TO:	Registration S Division of Co			
CUDIE	ALPHA D	SLLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ELENA SOSNOVSKAYA	4	
			Name of Person	
		ES ACCOUNTING SERV	VICES INC	2321
			Firm/Company	<u> </u>
		2200 NE 11 STREET		47
			Address	
		HALLANDALE, FL 3300	99	
			City/State and Zip Code	
		LENOK69@HOTMAIL.C		 .
Ear famil	ar information	encerning this matter, please c	(to be used for future annual report notification)	
		-		
ELENA SOSNOVSKAYA		YA	954 699-5969 at ()	
	Name o	of Person	Area Code Daytime Telephone	e Number
Enclosed	d is a check for t	he following amount:		
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	8
	P.O. Box 632	-	The Centre of Tallahasse	
	Tallahassee.	FL 32314	2415 N. Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA DS LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number L19000277489	were filed on 11/06/2019	_ and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liah	pility company here:					
ALINARI FIRENZE LLC						
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbre	eviation "L.L.C."				
Enter new principal offices address, if applicable:	18401 COLLINS AVE, STE. 100-241					
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES BEACH, FL 33160	C. ;				
		The same a				
		<u> </u>				
Enter new mailing address, if applicable:	18401 COLLINS AVE, STE. 100-241					
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES BEACH, FL 33160	- 				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name o	of the new registered				
	Enter Florida street address					
	, Florida					
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	niliar with and this document is				

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
MGRM	ROSTYSLAV DUMYCH	18401 COLLINS AVE, STE. 100-241	□ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			Change
			🗆 Add
			Remove
			☐ Change
			
			□Remove
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fective date, if other than th					
n effective date is listed, the date mote: If the date inserted in this					
cument's effective date on the	Department of State's	s records.			
ecord specifies a delayed effect is filed.	ive date, but not an e	ffective time, at 1	2:01 a.m. on the ea	arlier of: (b) Th	e 90th day after th
ted MAY 27		21			
	ſ.) Mary			
	Signature of a memb	70.0			

Filing Fee: \$25.00