LZ00000 18486

(Requestor's Name)	
(Address)	900353398
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Disalvo's Pizza and Italian Restaurant

Daytime Phone # 9521 434 1505

Return Address 5945 S. University Dr.

Davie, FL. 33328

When Calling Please ask to speak with Caroline Arevalo

COVER LETTER

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Tallahassee, FL 32314

	egistration Se ivision of Cor						
пр пест	Alyos, LLC						
UBJECT	:	Name of Lim	ited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	endence concerning this matter	to the following:				
		Manuel Arevalo					
			Name of Person				
		Alyos, LLC					
			Firm/Company				
		5945 S. University DR.					
			Address				
		Davie, FL 33328					
			City/State and Zip Code				
		disalvosmanager1@gmail.c	om to be used for future annual report notif	v - , 			
Ca= 6. →ha=	info-mation a	oncerning this matter, please o		reation)			
		oncerning this matter, please c					
Caroline A			954 434 1505 at ()	: Telephone Number			
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is	s a check for th	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)			
	lailing Addres		Street Address:				
	egistration Solvision of C		Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alyos, LLC				
(Name of the Limit	ted Liability Company (A Florida Limited Liab	as it now appears on our oility Company)	records.)	3/2020
The Articles of Organization for this Limited L	iability Company we	ere filed on <u>09/23/2020</u>	//	and assigned
Florida document number L20000018486				
This amendment is submitted to amend the following	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liabilit	y company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designatio	n "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	ET ADDRESS)			
	_			7071 OCT
				300
Enter new mailing address, if applicable:	_			I
Mailing address MAY BE A POST OFFICE	BOX)			
	<u> </u>			3
	-			. ω
B. If amending the registered agent and/or ragent and/or the new registered office addre		lress on our records,	enter the na	
Name of New Registered Agent:	Manuel	Arevalo S. Universit	Gunza	1le7
New Registered Office Address:	3945	S. University Emer Florida street	didress	
	Davic		, Florida _	23325 Zip Code
		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.

X // MULD - Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager viBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
GR	Manuel Arevalo	1200 N 71st ter Hollywood, FL, 33024	
			□Remove
			
			□Add
			□Remove
			□Add
			□Remove
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h avitaa'	ute if other:	than the date of	filing:		(atau D		
i effective	date is listed, th	e date must be specif	ic and cannot be prior to	date of filing or more than	n 90 days at	itional) fter filing.) Pu	ersuant to (505.0207 (3 (6)
<u>rument's</u>	e date inserted effective date	on the Departmen	not meet the applicat t of State's records.	ole statutory filing requ	irements, t	his date wil	I not be !	isted as the
cord spe	cifies a delaye	d effective date, bu	it not an effective tim	e, at 12:01 a.m. on the	earlier of:	(b) The 90)th day a	ther the
s tiled.								
	Septe	mber 23	2020	ω· -				
.ed	~		—· ———	· the hour	·-			
	Mon	ul A F						
	W on	Signature	of a member or author	od representative of a me	mber	 		
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