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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: asod8723@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ALERTA PARTNERSHIP LLC**

Certificate of Status	0
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C. BRUMBLE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALERTA PARTNERSHIP LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liabitity Company)	rs on our records.)	_ <del></del>
The Articles of Organization for this Limited Liability Company	y were filed on	JANUARY 28, 2020	and assigned
Florida document numberL20000034428			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the c	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	*****		50 0
(Principal office address MUST BE A STREET ADDRESS)			B22
	*****		
	*****	~ ~ ~	6
Enter new mailing address, if applicable:		<u> </u>	20 -
(Mailing address MAY BE A POST OFFICE BOX)		ָרָד <u>ָ</u>	S
		,- <u>'</u> -'	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our r	ecords, enter the name	of the new registered
New Registered Office Address:		······································	
	Enter Flor	rida street oddress	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		Zip Coae
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this of performance of provided for in (	my duties, and I am fan Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

o:

## 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

Title	Name	Address	Type of Action
MGR	JOSE DURAN		(T)Add
		I WASHINGTON AVE BUILDING 15 APT 2B MORRISTOWN NI 07960	∑ <b>S</b> i Remove
			Change
			□Add
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locument's eff	ective date on the Department	it of State's records.
record sn <del>e</del> cifi	es a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
d is filed.		,
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Dated		And the state of t
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	Signature	of a member or authorized representative of a member
_	Signature	de Claimember or authorized representative of a member