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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor				
STIDIEC	Aligned LL	С			
SUBJEC	1:	Name of Limited Liability Company			·
The enclo	osed Articles of .	Amendment and fee(s) are sub	emitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Christopher R. Romeo			
			Name of Perso	on	
		Aligned LLC			
			Firm/Compan	y	
		1325 SW 28th Street			
			Address		
		Cape Coral, FL 33914			
			City/State and Zip	Code	
		cromeoll@gmail.com	to be used for future a	anual sasas natiG	
For furthe	er information co	oncerning this matter, please of		amuar report noun	(Cation)
Christopl	ner R. Romeo		440	537-4156	
	Name of	Person	at (at Code	Daytime	Telephone Number
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address			eet Address:	tion
	Registration S Division of C			gistration Sec vision of Corp	
	P.O. Box 632			e Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Aligned LLC

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(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 Company	were filed on <u>04-08-2020</u>	and assigned
Florida document number 85-0651716		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
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 a	address on our records, ent	er the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	1	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	
AMRR =	Authorized	Member

	-	•
	• •	
	,	•
1	•	

<u>Title</u>	<u>Name</u>	Address 21 007 18 PF 12: 22	Type of Action
AMBR	Alyssa Tyler	1325 SW 28th Street	= Add
		Cape Coral, FL 33914	□Remove
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ffective date, if other than the date of filing	g: (optional)
an effective date is listed, the date must be specific and	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
ocument's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed a State's records.
	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
. 10/12/2021	3:13PM
ated	
Signature of a r	member or authorized representative of a member
Christopher R. Romeo	

Filing Fee: \$25.00