## L20000137393

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone #	<i>t</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer	
	. •	
	607 · · · · · · · · · · · · · · · · · · ·	

Office Use Only



100434624551

08/13/24--01029--020 ++43.75 het. . ,

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Alan Brok Name of Lim	Cets Tnt, 220 ited Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Mai	ia Maillo Name of Person	
	Alan A	Brokers Int.	LLC
	9620 Su	nrise Lakes	Blud #200
	Suniise	City/State and Zip Code  Sinternational to be used for future annual report notifie	
	alan broker E-mail address: (1	s international to be used for future annual report notifi	as smail com
For further information co	ncerning this matter, please ea	all:	
Maria Name of	Maille	at (954) 703 Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	·

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALan Brol	Kers	Int.	LLC	
(Name of the Limited Liability (A Florida	y Company as it Limited Liability	now appears on o Company)	ur records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 20000 / 3 7</u>	ompany were f _393	iled on	ay 20/	2020and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability co	ompany here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Con	npany," the designa	tion "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Na	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:	/· \	Na	<b>y</b> ·····	• }
(Mailing address MAY BE A POST OFFICE BOX)		· '		·: 5
			,,,,, <u>,</u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office addres	s on our record	s, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	<u> </u>	ه	<del></del> :	
New Registered Office Address:		Enter Florida str	and and drawns	
		Liner r torsua Sir		
<del></del>	Cir	y	, Florida	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alberto Borrero	9620 Sunrise Lakes Bli apt 206 Sunrise FL 33322	₹ d Add
		Sunrise FL 33322	□Remove
			□Change
	<del></del>		DAdd
			□Remove
			DChange
			□Add
			□Remove
			□Change
	<del></del> -		□Add
			□Remove
		· <del></del>	Change
			DAdd
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

	<u></u>					
					<del></del>	
		<del></del>				
						· · · · · · · · · · · · · · · · · · ·
-		<del></del>	·			
				<u></u>		
						<del>,</del>
				<u>.                                    </u>	<u> </u>	
			<del></del>	<u>-</u>	<del></del>	
			<u> </u>			
			·			
				<u>-</u>		
effective : If the ment's	e date inserted in the effective date on the effective date inserted in the effective date on the effective date of the ef	te must be specific his block does no the Department of	and cannot be prio ot meet the applic of State's records	cable statutory filing	3 requirements, this	onal) filing.) Pursuant to 605. date will not be liste  The 90th day after
mea.	Santo	, 	902	4		
	sepi u	. 1		// //		
	<u> </u>	Signature o	cell	orized representative	of a member	<del></del>

Filing Fee: \$25.00