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COVER LETTER

TO: Registration Section

Division of Cor	porations			
	COLEGIO VA	LLE ALTO LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	در	ANNA COLANGELO		
		Name of Person		
	COL	LEGIO VALLE ALTO LLC		
Firm/Company 585 RACQUET CLUB ROAD UNIT 8				
			1-3	
		Address		
	WESTON, FL 33326		: ::	
		City/State and Zip Code	p Code	
		'S@ACOSTASALASUSA.COM to be used for future annual report notifi	wation	
For further information c	oncerning this matter, please of		canony	, B
ANNA COLANGELO		754 301-13	81	
Name o	f Person	at () Area Code Daytime	Telephone Number	
linelosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	ocrations allahassee Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLEGIO VALLE ALTO LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v	were tiled on	06/24/2020	and assigned
Florida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" 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)			· <u>{</u> -
B. If amending the registered agent and/or registered office a	ddress on our	records, <u>enter the na</u>	me of the new regis
agent and/or the new registered office address here:		•	6.3
			EV .
Name of New Registered Agent:	. —		<u> </u>
New Registered Office Address:			
New Registered Villes Petralesis	Enter Fle	orida street address	
		, 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 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
AMBR	ALFREDO ALFONZO	585 RACQUET CLUB ROAD	≡ Add
		UNIT 8	□Remove
		WESTON FL 33326	☐Change
MGR	RAFAEL ALFONZO	585 RACQUET CLUB ROAD	≣ ∆dd
		UNIT 8	∐Remove
		WESTON FL 33326	Change
		_	□Add
			☐Remove
			☐Remove □ Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be price. If the date inserted in this block does not meet the appliment's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 6 icable statutory filing requirements, this date will not be list.
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day of
d JANUARY 10 2023 Ana	
Ana (Colangelo
	horized representative of a member

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