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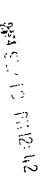
(Req	uestor's Name)		
(Add	ress)		
(Address)			
(City	/State/Zip/Phone	e #)	
PICK-UP	MAIT WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
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Special Instructions to F	iling Officer;		





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COVER LETTER

TO:

Tallahassee, FL 32314

ro: Registration Se Division of Cor				
Entract, L1.	· ·		·	
SUBJECT:	.		4	
	Name of Limite	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
	ondence concerning this matter to			
	Alejandro Rodriguez			
		Name of Person		
	Alejo Communication			
		Firm/Company		
	2801 Florida Avenue, APT 428			
		Address		
	Miami, FL 33133			
		City/State and Zip Code		
	alexjrodriguez@gmail.com			
	E-mail address: (t	to be used for future annual report noti	fication)	
For further information	concerning this matter, please ca	nll:		
Alejandro Rodriguez		305 297-5276		
		at () Area Code Daytin	ne Telephone Number	
Name	of Person	Wed Code Day	• • • • • • • • • • • • • • • • • • • •	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addi	r <u>ess:</u>	Street Address:	vetion	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
		2415 N. Mann	va Street, Strite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Entract, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company			
Florida document number <u>L 2 0000 2 (1 83)</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Alejo Communication, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>~2</u>	
• •		- i-a	
Principal office address MUST BE A STREET ADDRESS)	<u>.</u>		
		<u> </u>	
		-	
Enter new mailing address, if applicable:	tend me		
(Mailing address MAY BE A POST OFFICE BOX)		2:	
		- -	
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis	
agent and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street aa	dress	
	. Florida		
	City	Zip Code	

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.

intered Agent's Signature, if changing Registered Agent:

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address .	Type of Action
			\ _ _ _ \Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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