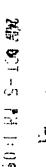
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(Re	questor's Name)				
(Ád	dress)				
(Address)					
(Cit	ty/State/Zip/Phone	÷ #)			
PICK-UP	WAIT	MAIL			
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(Document Number)					
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C. GOLDEN OCT - 6 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/5/2020	
	WALK IN
ENTITY NAME ALEKEN	LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
 .	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICATI	ES REQUESTED
TOTAL OWED \$25	ACCOUNT # 120160000072 4: 1
Please call Tina at the	above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 007 -5 AMIO: 36

ALEKEN LLC

(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 $\frac{08-04-2020}{1}$ ____ and assigned Florida document number _____L20000233912 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 38 Dunster road Enter new principal offices address, if applicable: Everett MA 02149 (Principal office address MUST BE A STREET ADDRESS) 38 Dunster road Enter new mailing address, if applicable: Everett MA 02149 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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>	<u>Address</u>	Type of Action
MGRM	Chrislene Jean Pierre	38 Dunster road	□ Add
		Everett MA 02149	D Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
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Note: If the date inserted in	date must be specific and cannot be pric	cable statutory filing requiren	(optional) Didays after filing.) Pursuant to 605.0207 (3)(1) Inents, this date will not be listed as the
If the record specifies a do (b) The 90th day after th		ot an effective time, at	12:01 a.m. on the earlier of:
Dated	. 2020	·	
	ene Jean Pierre		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00