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2022 FEB | L PM 2: 28
SECRETARY OF STATE
TALLAHASSEF E

A. BUTLER FEB 2 2 2022

COVER LETTER

	gistration Se dision of Cor				
SUBJECT:	A&L Corpo	ration LLC			
SUBJECT.	Name of Limited Liability Company				
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspo	ndence concerning this matter	to the following:		
		Laury Labussiere			
			Name of Person		
		A&L Corporation LLC			
			Firm/Company		
		211 Wayne Ave			
			Address		
		Indialantic FL 32903			
			City/State and Zip Code		
		planetgrilledcheese@yahoo	.com to be used for future annual report not	76	
For further is	nformation co	oncerning this matter, please co	·	nication)	
Laury Labus	siere		813 992 8098 at ()		
	Name of	Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	e following amount:			
≡ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 FEB 14 PH 2: 28

FILED

A&L Corporation LLC

SECRETARY OF STATE TALLAHASSEF, FL

(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 08/28/2020	and assigned
Florida document number L20000269215		
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 "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		1-11-1
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, enter the	name of the new registered
agent and/or the new registered office address here:	idaless on our records, enter the	thame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ia
	City	Zip Code
N B to A GA		

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Arsène Torres	211 Wayne Ave Indialantic FL 32903	
			□Remove
			Change
AMBR	Labussière Laury J	211 Wayne Ave Indialantic FL 32903	
		 	□Change
			□Add
			□ Rcmove
			□Change
			□Add
			□Remove
			□Change
			🖾 Add
			🗀 Remove
			□Change
			□Add
			Remove
			🗀 Change

Tective date, if other than the date of filing: (optional)				, , , , , , , , , , , , , , , , , , , 			
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