## K20000384 287

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2/8/21

## **COVER LETTER**

Division of Corporations	
SUBJECT: Alias Technologics and Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
J	USTO Ali Name of Person
AliasTe	chnologies and Services
632	9 NW 14TM CT Address
Ma	City/State and Zip Code
E-mail address:	(to be used for future annual resort notification)
For further information concerning this matter, please	call:
Justin Ali Name of Person	at (50) (035-998 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

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

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alias Technologies (Name of the Limited Unability Compa (A Florida Limited)	Services LLC uny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000384287</u> .	12/0/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PH C
(Mailing address MAY BE A POST OFFICE BOX)		N ,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	AZip Code
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ree to act in this capacity. I furthe	

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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
IMBR Justin Ali	Justin Ali	6329 NW 14TH CT, Margate, FL, 33063	🖸 Add
		Margate, FL, 33063	□ Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records.  Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th is filed.	JA W
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Signature of a member or authorized representative of a member	

Filing Fee: \$25.00