## L2100001538

(Requestor's Name)  (Address)	800370589658
(Address)	
(City/State/Zip/Phone #)	· - ·
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·/> C
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	ALG INTE	ited Liability Company	<u>LC.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MANUE	Name of Person	
		Firm/Company	
	16781 Vil	LACE LAKE I	η
	INFO @ PH	FL 33326.  City/State and Zip Code  CONSOLTING SOLE  to be used for future annual report notif	OTTONS. COH.
For further information c	oncerning this matter, please ca		(Call Mary)
Mar No Name o	EL. PENEZ	$\underbrace{\begin{array}{ccc} \text{at } (\frac{786}{\text{Area Code}}) & \frac{731}{\text{Daytime}} \end{array}}_{\text{Daytime}}$	Telephone Number
Enclosed 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)	□ \$60.00 Filing Fee. Certificate of \$fatus & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	

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

STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Compan	ly were filed on	22/and assigned
Florida document number <u>121 0000 2/538</u> .	/	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A.	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enterere:	the name of the nev
Name of New Registered Agent:	'A	<u> </u>
New Registered Office Address:	Enter Florida street address	<u> </u>
	Florida	Zin Code
	Cuy	гар Соае

## 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO GRANA	100 16781 VILLAGE LAKE	<b>∑∆</b> □ Add
		100 16781 VILLAGE LAKE WESTON FL 33326.	Remove
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			□ Change
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			🗆 Change
		C/S	Add
			Remove
			Change
			DAdd
			Change
			Add
			□ Remove
			□ Change

REMOVE	MGR	FRANC'SCO	GRANADO	_
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: If the date inserted in this b ment's effective date on the I	lock does not meet	the applicable statutory filing requ	irements, this date will not be I	ištē
			26	
ecord specifies a delaye e 90th day after the rec		e, but not an effective time,	at 12:01 a.m. on the ea	1ie
a AUGUST	02	2021 <u>.</u>		
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	1	ber or authorized representative of a m		

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Filing Fee: \$25.00