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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 Phone : (239)542-9104

Fax Number : (239)540-1760

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: S. Mania Desiness & amail. com



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OWNER CHOICE LLC

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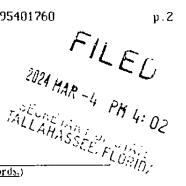
Corporate Filing Menu

Help

K. SALY

MAR - 5 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



OWNER CHOICE 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 Lie	ability Company were filed on _01	/13/2021	and assigned
Florida document number L21000029037			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	re:	
ALENI, LLC			
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the de	esignation "LLC" or the abbie	viation "L.L.C."
Enter new principal offices address, if applica	uble:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our re	ecords, enter the name o	
agent and/or the new register to write units.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Fior	rida street address	
		, Florida	
	City		Zip Code

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 = NS $AMBR = AS$	lanager athorized Member		
Title	<u>Name</u>	Address	Type of Action
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			[]Change
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ffective date, if other than the an effective date is listed, the date in the lote: If the date inserted in this ocument's effective date on the	ust be specific and ca block does not mee	et the applicable statut	ling or more than 90 days	optional) after filing.) Pursuant to 605.02 this date will not be listed	07 (as tl
record specifies a delayed effec I is filed.	ive date, but not an	effective time, at 12:0	01 a.m. on the earlier of	f. (b) The 90th day after th	ıe
03/02 Pated		2024			
	3	<u> </u>			
	Signature of a more	mber or authorized repre	sentative of a member		
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Filing Fee: \$25.00