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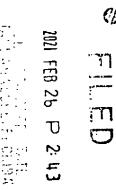
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## **COVER LETTER**

Division of Co			
AlaiaMia 1 SUBJECT:			
SUBJECT:		nited Liability Company	
The condense todal and	. Normal and the state of the s		
	Amendment and fee(s) are su	•	
Please return all correspondence	ondence concerning this matter	r to the following:	
	Irannie Dones		
		Name of Person	
	AlaiaMia LLC		
		Firm/Company	<del></del>
	311 Aldershot Ct		
		Address	
	Kissimmee FL 34758		
		City/State and Zip Code	<del></del>
	iranniedones@icloud.com	to be used for future annual report noti	ethiliting.
For further information c	concerning this matter, please o	·	ircan(or)
Irannie Dones		407 799-0109	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	he 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address		,	
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AlaiaMia LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000042543	were filed on $\frac{01/22}{}$	/2021	and assigned
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 Liabil	lity Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			·
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		72 7 13 18 1	
New Registered Office Address:	Core Direction	street address	EB -
	emer rioriaa	Florida-	
	City		ZipiCode
New Registered Agent's Signature, if changing Registered Agent:		<u>.</u>	: <b>=</b>

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
MGR	Irannie Dones	311 Aldershot Court	
		Kissimmee FL 34758	□Remove
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ctive date, if other than the da	te of filing:		(optional)	2021
effective date is listed, the date must be	specific and cannot be prior	to date of filing or mor	e than 90 days after filing.	Pustoni to 605 (
<ul> <li>If the date inserted in this block iment's effective date on the Depa</li> </ul>			requirements, this date	Will hot be fished
				יין סי
ord specifies a delayed effective de	ite, but not an effective ti	ime, at 12:01 a.m. or	the earlier of: (b) \(\subseteq \text{Th}	e 90 <b>09</b> day after
filed.				Ē
February 22	2021			
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(	Lí C	dones_		

Filing Fee: \$25.00