

L21000076883

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000346937 3)))



H220003469373ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : I20200000106
Phone : (561)927-7157
Fax Number : (305)912-0167

FILED
2022 OCT 10 PM 4:09
ALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLIBRE LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$60.00

2022 OCT 10 PM 12:23

Electronic Filing Menu Corporate Filing Menu Help
K. SALY

OCT 11 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIBRE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SVETLANA TITKOVA

Name of Person

Firm/Company

9903BOCA GARDENS TRAIL, UNIT B

Address

BOCA RATON, FL 33496

City/State and Zip Code

SVETLANA.V.TITKOVA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SVETLANA TITKOVA

310 753-2280
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALLIBRE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 OCT 10 PM 4:10
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/01/2021 and assigned
Florida document number L21000086883

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9903 BOCA GARDENS TRAIL, UNIT B

BOCA RATON, FL 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9903 BOCA GARDENS TRAIL, UNIT B

BOCA RATON, FL 33496

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SVETLANA TITKOVA

New Registered Office Address:

9903 BOCA GARDENS TRAIL, UNIT B

Enter Florida street address

BOCA RATON

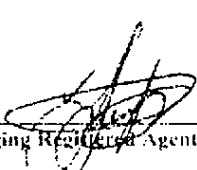
Florida 33496

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 Changing Registered Agent, Signature of New Registered Agent

To:

Page: 7 of 8

2022-10-10 15:53:01 GMT

1-617-399-9792

From: ...

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

FILED

2022 OCT 10 PM 4:10
SCHOOL DISTRICT
FALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

2022 OCT 10
ALPHASSET, FLORIDA

FILED
2022 OCT 10 PM 4: 10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Typed or printed name of signee