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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:

Registration Section
Division of Corporations

	ERTAINMENT, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MABEL TOLEDO			
		Name of Person		
	ALIN ENTERTAINMEN	Γ		
		Firm/Company		
	5330 SW 4 St			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Coral Gables, FL 33134			
		City/State and Zip Code		
	mt@alinentertainment.com			
	E-mail address; (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Mabel Toledo		305 510-1073		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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 Registration of C P.O. Box 632	Section Corporations 27	Street Address: Registration See Division of Cor The Centre of T	porations Fallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIN ENTERTAINMENT LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000105694</u>	any were filed on 3/4/2021	and assigned
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 I	liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15263 SW 138 Terrace Miami, FL 33196	SECR.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		F. S. 31
New Registered Office Address:	Enter Florida street addres	·
	, Flo	orida
	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

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

<u>Title</u>	Name	Address	Type of Action
CEO	MABEL TOLEDO	5330 SW 4 St	□Add
		Coral Gables, FL 33134	□Remove
			■ Change
P	P ANTONIO D. CORTES	15263 SW 138 Terrace	
		Miami, FL 33196	□Remove
			□Change
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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(If an effectiv	ve date is listed, the		fic and cannot be	prior to date of file			Pursuant to 605,0207 (2 will not be listed as the
		on the Departmen			ry ming requires	nens, nus date v	an not be asted as a
ne record sport is filed.	ecities a delayed	l effective date, bu	it not an effecti	ve time, at 12:0	1 a.m. on the ear	lier of: (b) The	90th day after the
Dated Aug	gust 29		, 2022	·			
		Mari	0-1	161	5		
			r / C				
			e of a member or	authorized repres	entative of a meml	oer	

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company ALIN ENTERTAINMENT, LLC

Filing Information

Document Number

L21000105694

FEI/EIN Number

86-2638651

Date Filed

03/04/2021

Effective Date

03/01/2021

State

* Y

FL

Status

ACTIVE

Principal Address

5330 SW 4 ST

CORAL GABLES, FL 33134

Mailing Address

5330 SW 4 ST

CORAL GABLES, FL 33134

Registered Agent Name & Address

GONZALEZ, MIGUEL 14821 SW 150 AVENUE MIAMI, FL 33196

Authorized Person(s) Detail

Name & Address

Title MGR

TOLEDO, MABEL 5330 SW 4 ST CORAL GABLES, FL 33134

Annual Reports

Report Year

Filed Date

2022

03/26/2022

Document Images

03/26/2022 -- ANNUAL REPORT

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