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## **COVER LETTER**

SUBJECT:	ALEX, LLC		
SUBJECT: (LAIL	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ALESSANDR	O PRECEDE  Name of Person	110
	CALL ALEX	LLC Firm/Company	<del></del>
	9180 CAR	BBEAN BLU	)
	Cultir	BAY, FL 3  City/State and Zip Code	2157
	E-mail address: (1	LALEX . NET to be used for future annual report notifications.	fication)
For further information co	oncerning this matter, please ca	all:	
		at (305) 202	- 4849
Name of	F Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee &   Certificate of Status	S55.00 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** 

TO:

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

CALL ALEX, LLC	
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number <u>L210001750</u> This amendment is submitted to amend the following:	Company were filed on 4 14 2021 and assigned
This amendment is submitted to unional the following.	
A. If amending name, enter the new name of the lim	nited liability company here:
	~ ~
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C.".
<b>,</b>	nited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1000 1: 36
agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

X

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALESSANDRO PREVENEL	1) YIBU CARIBBEAN BLVD	<b>,&amp;</b> ]Add
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fective date, if other than the date of filing:	more than 90 days aff	t <b>ional)</b> er filing ) Pr	usuant to 605 020
ote: If the date inserted in this block does not meet the applicable statutory file	ing requirements, th	nis date wi	ll not be listed a
ocument's effective date on the Department of State's records.			
		(b) The 9	0th day after the
record specifies a delayed effective date, but not an effective time, at 12:01 a.n	n, on the earlier of: (		ř
	n, on the earlier of: (		
is filed.	n. on the earlier of: (		
is filed.	n. on the earlier of:		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.  ated			