L21000176473

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
CUDIFOR	E TRADE	INVESTMENT ALLIANCE L	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		FRANK CAVERO		
			Name of Person	
			Firm Company	
		12837 SW 132 TERRACE	Ξ	
			Address	
		MIAMI FLORIDA 33186		
		frankcavero52@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please c	all:	
FRANK CA	VERO		305 509-0231	
	Name o	t'Person	Area Code Dayti	me Telephone Number
finclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
). Box 632 lahassee, F		The Centre of 2415 N. Monr	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

E TRADE INVESTMENT ALLIANCE LLC

2022 MAY 31 PM 12: 52

(Name of the Limi	ted Liability Comp	any as it now appears on our re-	cords.) Reference		
	(A Fiorida Limited	Liability Company)	TALLAHASSEE, FL		
The Articles of Organization for this Limited L	iability Compan	v were filed on 04/15/2021	and assigned		
Florida document number L21000176473		<u> </u>			
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited lia	bility company here:			
NA					
The new name must be distinguishable and contain the	vords "Limited Liab	ility Company," the designation ".	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREE					
-	····				
Enter new mailing address, if applicable:		NA			
(Mailing address MAY BE A POST OFFICE	BOX)				
	<u></u>				
B. If amending the registered agent and/or i	egistered office	address on our records, en	ter the name of the new regist		
agent and/or the new registered office addre	ss here:		•		
Name of New Registered Agent:	NA				
New Registered Office Address:	NA				
		Enter Florida street ad	dress		
		, 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ISABELA JAVIER FELIZ	2130 LAURELWOOD WAY	≣ Add
		WINTER PARK, FL 32792	
			□Change
			[]Remove
			Change
			⊡Add
			□Remove
			□Change
			□Add
			□ Remove
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Effec	ive date, if other than the dat	te of filing:		(option	al)	
f an e	fective date is listed, the date must be	specific and cannot be prior	to date of filing or more that	i 90 days after fil	ling.) Pursuant to 60	05.0207 (
docur	If the date inserted in this block nent's effective date on the Depar	timent of State's records	ane saudory ming fequi	rements, this o	iate will not be in	sied as i
e reco d is f	rd specifies a delayed effective da led.	te, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b)	The 90th day aff	er the
D .	05-25-26	777				
Dated	100		·			
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		The state of the s	orized representative of a me	unher		

Typed or printed name of signee