L21000189401

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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10-		<u> </u>
(DC	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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21 SEP 27 PH 12: 10

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Alcian, LI	.C		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Anh Pham		
	-	Name of Person	
	Alcian, LLC		
		Firm/Company	
	13876 SW 56th ST #223		
		Address	
	Miami, FL 33175		
		City/State and Zip Code	
	akp@alcian.co	to be used for future annual report noti	W anti-un
For further information	concerning this matter, please co		reality
Anh Phain		786 321-0600	
Name	of Person	at () Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addra		Street Address:	ction
Registration Division of	Section Corporations	Registration Se Division of Cor	porations
P.O. Box 63		The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 27 PH 12: 10

Alcian, LLC

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

The Articles of Organization for this Limited Li	ability Company	were filed on	2021 and assigned
Florida document number L21000189401	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi		
Enter new principal offices address, if applica	able:	8200 SW 117TH AVE SUITE 310	
(Principal office address MUST BE A STREE	T ADDRESS)	Miami, FL 33183	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13876 SW 56th ST #223	
		Miami, FL 33175	
agent and/or the new registered office address Name of New Registered Agent:		n ST #223	
New Registered Office Address:	13876 SW 56th ST #223 Enter Florida street address		
	Miami		, Florida 33175 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:	1	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the state of th	er and complete stered agent as	performance of my provided for in Cha _l	duties, and I am familiar with and per 605, F.S. Or, if this document is
company has been notified in writing of this		v address, I hereby c	onjum inca ine timueci tawany

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

1,1	1		
21	SEP 27	PH 12:	10

<u>Title</u>	<u>Name</u>	Address 21 SEP 27 Prince 10	Type of Action
			🗆 Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional/sheets, if necessary.) 21 SEF 27 PM 12: 10
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	09/19/2021
(If an effective Note:	c date, if other than the date of filing: (optional) stive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Sept 19 2011.
	Signature of a member or authorized representative of a member
	Anh Pham
	Typed or printed name of signee

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Filing Fee: \$25.00