

h21 000266205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

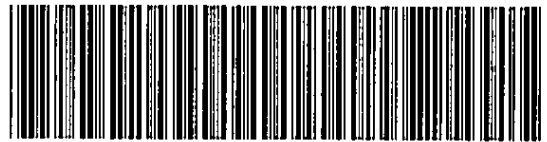
(Business Entity Name)

(Document Number)

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22 JUL 26 PM 3:13

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. MATTHEWS

JUL 28 2022



RECEIVED

2022 JUL 26 AM 10:33

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SEC. OF STATE  
TALLAHASSEE, FL

June 23, 2022

JORGE A. BLANCO CONCHA  
595 W. CHURCH ST, APT 422  
ORLANDO, FL 32805

SUBJECT: ALCON SERVICES LLC  
Ref. Number: L21000266205

We have received your document for ALCON SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 422A00014214

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALCON SERVICES 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:

JORGE A, BLANCO CONCHA

\_\_\_\_\_  
Name of Person

MGR JORGE A, BLANCO CONCHA

\_\_\_\_\_  
Firm/Company

595 W CHURCH ST, APT 422

\_\_\_\_\_  
Address

ORLANDO, FL 32805

\_\_\_\_\_  
City/State and Zip Code

~~CRISTALRUISS@GMAIL.COM~~ info@alconservicesllc.com

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

For further information concerning this matter, please call:

JORGE A, BLANCO CONCHA

at ( 407 ) 3006221

\_\_\_\_\_  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL 26 PM 3:13

ALCON SERVICES 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 Liability Company were filed on 06/08/2021 and assigned  
Florida document number L21000266205.

This amendment is submitted to amend the following:

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

NONE

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:**

595 W CHURCH ST, APT 422, ORLANDO, FL 32805

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

595 W CHURCH ST, APT 422, ORLANDO, FL 32805

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

JORGE A. BLANCO CONCHA

New Registered Office Address:

595 W CHURCH ST, APT 422

*Enter Florida street address*

ORLANDO

*City*

Florida 32805

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	NAYIBE, TORRES	595 W CHURCH ST, APT 22, ORLANDO, FL, 32805	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change
NONE	NONE	NONE	<input type="checkbox"/> Add
		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change
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		NONE	<input type="checkbox"/> Remove
		NONE	<input type="checkbox"/> Change

[illegible]

(If an effective 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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Largo Blanco.  
Signature of a member or authorized representative of a member

José Andrés Blanco C.  
Typed or printed name of signee