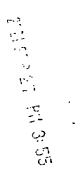


(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





09/27/21--01018--028 **25.00



COVER LETTER

Registration Section

TO:

Division of Co	rporations		
ALFFA, L	LC		
SUBJECT:	Name of Lim	ited 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:	
	Assel Butinchinova		
		Name of Person	
	ALFFA. LLC		
		Firm/Company	
	1833 Jefferson St. Rear 2		
		Address	
	Hollywood, Florida 33020		
	asselbutinchinova2@gmail.	City/State and Zip Code	.
		to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Amira Sheen		346 704-6699	
Name	of Person	at () Area Code Daytit	me Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Moor	Tallahassee oe Street, Suite 810
rananassee,	たし ひらひませ		or onest ours ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited L</u> (A F	jability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L21000372380	lity Company were filed on 08/19/2021	and assigned
This amendment is submitted to amend the following	ពថ្ម:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
VEGA 9, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	hreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		.
(Mailing address MAY BE A POST OFFICE BO	<u></u>	.
B. If amending the registered agent and/or registered agent and/or the new registered office address h Name of New Registered Agent:		
Name of New Registered Agent:		
agent and/or the new registered office address h		e of the new register
Name of New Registered Agent:	ere: Enter Florida street address, Florida	, 222
Name of New Registered Agent:	ere: Enter Florida street address	Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address , Florida	Zip Code 24

H 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>	Address	Type of Action
			□Remove
		<u></u>	□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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Tective date, in effective date date of the date of th	is listed, the dat inserted in th	te must be spec his block doe:	she and car s not mee	nnot be prior t t the applica	o date of minu	or more unan	(optio 90 days after rements, this	onal) tiling.) Pursuant to date will not be	o 605.020 e listed as
ecord specifies is filed.	; a delayed efi	fective date, h	out not an	effective tir	ne, at 12:01 a	a.m. on the o	earlier of: (b)) The 90th day	after the
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Filing Fee: \$25.00