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T. MATTHEWS

COVER LETTER

	egistration Section of Corp			
SUBJECT:	Alex3800 L	LC		
3013201	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Charles H. Alexander, as T	Enistee	
			Name of Person	
		Charles H. Alexander Revo	ocable Living Trust	
			Firm/Company	
		4625 Cedarhill Rd.		
			Address	
		Coconut Creek, FL 33066		
			City/State and Zip Code	
		cha@prysource.com		
		E-mail address: (i	to be used for future annual report noti	(lication)
For further i	information co	oncerning this matter, please ca	all:	
Eric J. Math	neson, Esquire	•	561 613-8778	
	Name of	Person	at () Area Code Daytim	ie Telephone Number
Enclosed is	a check for the	e 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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 22 AM 10 22

Alex3800 LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited I Florida document number L22000126932	.iability Compar	ny were filed on March 7, 2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ibility company here:	
N/A- no new name			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, <u>enter the </u>	name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		Lines 1 wished suger trainess	
		, Florida	Xip Code
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles H. Alexander	4625 Cedarhill Rd., Coconut Creek, Fl. 33066	
			□ Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Add
			□Remove
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Note:	re date, if other than the date of filing: ctive date is listed, the date must be specific and canno f the date inserted in this block does not meet th nt's effective date on the Department of State's	ie applicable statutory fili	(optional) more than 90 days after tiling.) Pursuan ng requirements, this date will not	t to 605.0207 (3 Kl be listed as the
the record	specities a delayed effective date, but not an eff d.	fective time, at 12:01 a.m	on the earlier of: (b) The 90th da	ay after the
Dated _	4/12/22			
		J/11/1		
		Λ <i>~ 1.0</i> = ~	e of a member	

Typed or printed name of signee