## L22000148119

(Requestor's Name)
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## **COVER LETTER**

TO: Registration S Division of Co			
MOUCH SUBJECT:	EFAMILY LLC		
SUBJECT:	Name of Lin	nited I sability Company	
The enclosed Articles o	f Amendment and fee(s) are suf	omitted for filmy.	
Please return all corresp	ondence concerning this matter	to the following:	
	FABRICE HERZSTEIN		
		Name of Person	
		Firm Company	
	20803 BISCAYNE BLVI	), SUITE 440	
		Address	
	AVENTURA, FL. 33180		
	FABRICE@MCHCONSU		
For further information :	E-mail address ( concerning this matter, please c	to be used for future annual report notiful.	ication)
FABRICE HERZSTED		786 785-5000	
Name of Person		at ()	Telephone Number
Enclosed is a check for t	the following amount.		
■ \$25.00 Filing Fee	S30 00 Filing Fee &     Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	2 Soft 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address:	at
Division of C		Registration Sec Division of Con	

P.O. Box 6327 Tallahassee, Fl. 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MOUCHEFAMILY LLC

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

(A Florida Limited Liability Company)

tA Florida Limited Liability Co	mpany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{1.22000148119}{1.22000148119}$ .	d on MARCH 28 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
ALFA RISE AGAIN LLC	
The new name must be distinguishable and contain the words "Limited Liability Comparation of the new name must be distinguishable and contain the words "Limited Liability Comparation".	iy." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	<u>-</u>
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address.	
	otter Florida street address
Ciw	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Dif X one
I hereby accept the appointment as registered agent and agree to act of provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided point filed to merely reflect a change in the registered office address, ompany has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is

H Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR =	Authorized Mem	ber					
<u>Title</u>	<u>Name</u>			Address			Type of Action
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							Remove
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fan effe <u>Note:</u>	ve date, if other cove date is listed, if if the date inserted int's effective date	he date must be spe I in this block doc	of filing: cific and cannot b as not meet the :	applicable starut	3 thing or more than 96 ony filing requirer	(optional) days after filing.) P nents, this date wi	ursuant to 605,020° Il not be listed as
s record rd is file	l specifies a delaye ed	ed effective date,	but not an effec	tive time, at 122	01 a.m. on the ear	lier of: (b) The 9	Oth day after the
	NOVEMBER 17			·			
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Dated _		Signate	a a number o	r authorized (Gyc	sentative of a memb	ci	

Filing Fee: \$25.00