## L22000 180 658

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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RECTION

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FL<sub>i</sub>ORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:

PLEASE use funds from ACCT: I202100001 Authorization Signature:  1209 Altaloma, LLC L22000180658	60 AMOUNT: <u>\$ 25.00</u> James Felli
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles of Incorpora	ition
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ( )Other	

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_

SO AMOUNT: <u>\$ 25.00</u>
Document #
Pick up time
Will wait
tion
<u>AMMENDMENTS</u>
XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
REGISTRATION/QUALIFICATIONS
Foreign filing Limited Partnership
Reinstatement

## **COVER LETTER**

Division of Cor	porations		
1209 Altalo			
SUBJECT:Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jarrod Etheridge		
		Name of Person	
	The Orlando Law Group		
		Firm/Company	
	12301 Lake Underhill Rd,	Ste. 213	
		Address	
	Orlando, FL		
		City/State and Zip Code	
	jenglert@theorlandolawgro	up.com to be used for future annual report notifier	ation)
For further information c	concerning this matter, please c		
Courtnay Holt		407 512-4394 at ()	<u> </u>
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Secti	on
Registration	Section	Division of Come	

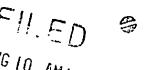
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

## ARTICLES OF ORGANIZATION OF SECRETARY OF ST. (Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) ARTICLES OF AMENDMENT



1209 Altaloma, LLC

The Articles of Organization for this Limited Liability C	Company were filed on 04/14/2022	and assigned
Florida document number 1.22000180658		
Profita document number	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	198	
(Principal office address MUST BE A STREET ADDR	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registered	complete performance of my duties. Igent as provided for in Chapter 60	and I am familiar with and 5, F.S. Or. if this document is
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>	Type of Action
MGR	Laurence D. Toews	4416 Flagg Street	———— ≅Add
		Orlando, FL 32812	
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change

. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	<del></del>
<u></u> -	
·	
<del></del>	
<del></del>	
Effective date, if other than the d	late of filing: (optional) the specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (
(If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	tk does not meet the applicable statutory filing requirements, this date with not be listed as a
ne record specifies a delayed effective or ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 9	2022
Dated	TO THE STATE OF TH
Si	ignature of a member of authorized representative of a number
Xueling Toews	
	Typed or printed name of signee

Filing Fee: \$25.00