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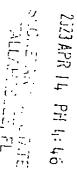
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COVER LETTER

TO: Registration Se Division of Cor		
Alla	ina Grap Ll	.C
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing
Please return all correspo	indence concerning this matter	to the following:
	Aura S	S. Jimenez Name of Person
		Name of Person
	Allana	Grap Luc
		Firm/Company
	1970 E. OSCO	eda Pkwy Site 18 kissimmee, FL 34743
	Lee mana	City/State and Zip Code
	K(2))(M(1,4)	City/State and Zip Code
	sadhiai 146	hotmail.com
	E-mail address: (to be used for future annual report notification)
	oncerning this matter, please c	all:
Aires S T	menez	all: at (321) 4200 C Area Code Daytime Telephone Number Code P
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the		
	-	71 ~ ; <u>-</u>
E \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee! ☐ Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632		The Centre of Tallahassee
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allana Gr (Name of the Limited I	رص Liability Con	LLC	now appears o	n our records.	.)		
The Articles of Organization for this Limited Liabi Florida document number <u>1220020720</u> This amendment is submitted to amend the following name, enter the new name of the submitted to a submitted to	ility Compa <u>28</u> . ing:	ny were f	iled on C	95 loz 1		_ and assig	ned
					as the abbre	ulariaa 21. L.	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:		pany, the desi	gnation LLC	or me aonie	77	1 ,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				10	PH 4: 10	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ce addres	s on our reco	ords, <u>enter t</u>	he name o	f the new	registered
Name of New Registered Agent: New Registered Office Address:	1232	a S.	Jime ev Pd Enter Florida	NEZ			
-			oka 11.			2712 Zip Code	· <u>·</u> ····

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 Sonature 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>	Name	Address	Type of Action
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		FL 32712	_ ERemove
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			🗆 Add
			□Remove
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fective date, if other to an effective date is listed, the ote: If the date inserted becoment's effective date	e date must be specific ar in this block does not	nd cannot be prior to da meet the applicable	te of filing or more the statutory filing req	(option an 90 days after fi uirements, this o	ling.) Pursuant to 6	05.0207 sted as
ecord specifies a delaye is filed.	d effective date, but no	ot an effective time, ;	at 12:01 a.m. on the	e earlier of: (b)	The 90th day af	ter the
ned <u>03-31</u>	Signature of a	. 2023		Ω		
				~ <i> </i> ->		

Filing Fee: \$25.00