## KZZ000315005

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## **COVER LETTER**

SUBJEC				
SUBJEC		MENT STOP LLC		
	CT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submodence concerning this matter to	· ·	
		EDWIN A PEREZ MARTI	INEZ	
			Name of Person	
			Firm/Company	
		2617 N BEAUMONT AV	Е	
			Address	
		KISSIMMEE, FL 34741		
		gladgard@aol.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report	notification)
For furth	er information co	oncerning this matter, please ca	ill:	
EDWIN	A PEREZ MAR	TINEZ		52-6823
	Name of	Person	at () Area Code Day	rtime Telephone Number
Enclosed	I is a check for th	e following amount:		
□ <b>\$</b> 25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	ability Company as it now appears on our records.)  India Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on JULY 15, 2022 and assigned
Florida document number L22000315005	
This amendment is submitted to amend the following:	r. Y
A. If amending name, enter the new name of the li	imited liability company here:
THE ALIGNMENT SPOT LLC	
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	,
R. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new re
agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
The Registered Office Madress.	Enter Florida street address
New registered office / rearies.	Enter Florida street address , Florida

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, 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GLADYS N GARCIA	1630 VINTAGE ST KISSIMMEE FL 34746	<b>=</b> Add
			□Remove
			□Change
		- <del>1.2</del>	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
<del></del> -			□ Add
			□ Remove
			[] Change

-		
		·
ctive	date, if other than the date of filing:	(optional)
effectiv	ive date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing requi	90 days after filing.) Pursuant to 605,02
ıment	's effective date on the Department of State's records.	Temens, and date with the op hates
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the a	earlier of: (b) The 90th day after th
	in	
:d	7-18-2022	
	Signature of a member deauthorized representative of a me	mber
	,	

Filing Fee: \$25.00

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