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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	ALSP LLC .						
SOBJECT.	Name of Limited Liability Company						
The encloses	d Articles of A	Amendment and fee(s) are subr	nitted for filing				
Please return	all correspon	idence concerning this matter t	o the following:				
			Name of Person				
		FLOR DINESCU LLC					
			Firm/Company				
		10312 BLOOMINGDALE	AVE STE 108 PMB 347				
			Address				
		RIVERVIEW, FL 33578					
		EL ODDINESCH, ALCOUL	City/State and Zip Code				
		FLORDINESCU+ALSPLL E-mail address: (1	o be used for future annual report in	notification)			
For further i	information co	oncerning this matter, please ca	ail:				
FLOR DIN	ESCU		305 440-7952	2			
Name of Person		at () Area Code Day	time Telephone Number				
Enclosed is	a check for th	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)			
<u>M</u> .	ailing Address	<u>s:</u>	Street Address	<u>:</u>			

TO:

Registration Section

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

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

ALSP LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 07/20/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registered office	address on our records, enter the nam	2022 AUG 15 AM 10: 585 SECRETARY OF STATE TALLAHASSEE, FLE
ngent and/or the new registered office address here:	address on our records, enter the name	e of the input register
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

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.

Ciry

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	STANLEY PEREZ	9714 N NEBRASKA AVE STE B	\exists Add
		TAMPA FL 33612	🗆 Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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an effect <u>iote:</u> If	e date, if other tive date is listed, the date inserte it's effective dat	the date must be d in this block	specific and condections and condections and condections are specifically specifically and condections are specifically are specif	cannot be prior	able statutor	g or more than 9 y filing require	(option: 0 days after fili ments, this da	ng.) Pursuant to 6	05.0207 isted as
record s I is filed	specifies a delay I.	ed effective d	ate, but not a	in effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day at	ter the
ated	August	1		<u>2022</u>	<u>.</u>				
				1					

CT E COSAG

Typed or printed name of signee