(Requestor's Name)
(Address)
(Address)
(1001033)
-
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(bocament Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoid management to 1 ming emeet.

Office Use Only



100394196181

22 SEP 13 AH11: 47

COVER LETTER

Division of Corporations Alexandra Creations LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Taylor Londres Name of Person Alexandra Creations LLC Firm/Company 140 NE 3rd Ave Unit 103 Address Florida City Florida 33034 City/State and Zip Code Taylor_Londres@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 424-5200 Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$25.00** Filing Fee Certificate of Status & Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

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

Alexandra CreationsLLC				
(Name of the Limited Liability Come (A Florida Limited	any as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compan L22000373055	y were filed on	08/24/2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the	designation "LLC" or the at	breviation "L.L.(C."
Enter new principal offices address, if applicable:				*-
(Principal office address MUST BE A STREET ADDRESS)			-	
	<u></u>		<u> </u>	- 2 : -
			$\frac{1}{\omega}$	S. j.
Enter new mailing address, if applicable:			<u> </u>	-
(Mailing address MAY BE A POST OFFICE BOX)				<u> 9:</u>
			F	2. ii 2. i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		records, enter the name	e of the new i	r <u>eg</u> istere
		, Florida		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of provided for in	f my duties, and I am J Chapter 605, F.S. Or,	familiar with if this docum	and ent is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Taylor Londres	140 NE 3rd Ave, Unit 103 Florida City Florida 33034	
			🗏 Add
			□Remove
			C]Change
			🗆 Add
			□Remove
			□ Change
			22 Exemove
		To Million Specific	
			Change C
		□Remove	
			□Change
			□ Add
			□ Remove
			□ Change
			□Add
			Change

	 		··-		_
					_
	· · · · · · · · · · · · · · · · · · ·				_
			· · · · · · · · · · · · · · · · · · ·		
					_
		<u> </u>			
				22	
			·····	22 SEP	— []
·					
				$\overline{\omega}$	-
				Ĩ	— <u>Z</u>
					_ =
				47	=
					_ •
		<u></u>			_
ective date, if other than the d reflective date is listed, the date must	late of filing:	inne des of Cline	(0	ptional)	05 Ø
te: If the date inserted in this blo	be specific and cannot be prock does not meet the app	olicable statutory f	or more than 90 days. filing requirements.	this date will not be li	isted
cument's effective date on the Dep	partment of State's recor	ds.	.		
cord specifies a delayed effective	date, but not an effectiv	e time, at 12:01 a.	m. on the earlier of	f: (b) The 90th day af	ter t
s filed.					
September 8th	2022				
SCHOOLIDE OU					
	•	•			
ted	· · · ·				
	· · · · · ·	-	_		
ted	Signature of a member or a	uthorized represents	ative of a member		