122000380277

(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:

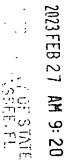
Office Use Only



500403189045

02/27/23--01002--004 **25.00

4/26/23 V·W



FILED

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
SUBJECT: The	Alfano Voice Name of Limi	Studio, LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	to the following:	
	Christine	Alfano Name of Person	
	The Alfano	Voice Studio, Ll	.с
	9727 Tou	chton Rd. # 130)9
	Jacksonville	FL 3224 City/State and Zip Code	6
	<u>alfano 30</u> E-mail address: (1	obe used for future annual report noti	COM
. For further information of	concerning this matter, please ca	all:	
Christine	Alfano	at (561) Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Addre Registration Division of O	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	•	The Centre of 3	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Alfana Voic	e Studio, LL	<u>C</u>
(A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	30/2022 and assigned
Florida document number <u>L2200038027</u>].	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Christine Alfano, L	LC	2023 SE
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	2
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
	-	
		20 71 71
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our recor	ds enter the name of the new registeres
agent and/or the new registered office address here:	office address on our recor	us, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
.	Enter Florida si	reet address
		, Florida
	City	Zip Code
New Pegistered Agent's Signature if changing Pegistered	l Agent:	

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, 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			Петоче
			□Add
			□ Remove
	·		. □Change
			□Add
			Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

_	
_	
_	
-	
_	
_	
_	
_	
-	
_	
_	
-	
-	
_	
ध्य effe ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
ated .	February 17th, 2023.
	Christine M. Allano Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Christine M. Alfano Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00