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COVER LETTER

	. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
ALAMI 3, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Garcia Name of Person Alami 3, LLC Frant Company 5531 International Dr. Address Orlando, FL 32819 City/State and Zip Code michael@hywaze.com F-mail address: (to be used for fiture annual report notification) For further information concerning this matter, please call: Michael Garcia Name of Person 407 868-0502 Area Code Daytine Telephone Number Enclosed is a check for the following amount: LJ \$25.00 Filing Fee Certificate of Status Certified Copy radditional copy is enclosed) radditional copy is enclosed)			
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Garcia		
	Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Michael Garcia		
	Alami 3, LLC		
		Firm Company	
	ALAMI 3. LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Michael Garcia Name of Person Alami 3. LLC Firm-Company 5531 International Dr. Address Orlando, FL 32819 City/State and Zip Code michael@hywaze.com F-mail address: (to be used for future annual report notification) information concerning this matter, please call: arcia 407 Name of Person Area Gode Name of Person S a check for the following amount: Filling Fee Certificate of Status Certified Copy radditional copy is enclosed) Certificate of Status & Certified Copy radditional copy is enclosed)		
	Orlando, FL 32819		
		City/State and Zip Code	
For further information			otheadon)
	concerning this matter, preude e		
	2 D	•	im. Talashana Nambar
.Name	of Person	Area Code 12ayi	and receptione Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
-		-	

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

Alami 3, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/03/2022 and assigned
Florida document number L22000427793
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "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 ADDRESS)
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 records, enter the name of the new register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
New Registered Office Address: Emer Florida street address City Zip Code
Florida
City Zip Code
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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Achraf Alami	1720 Diplomacy Row, Orlando Fl. 32809	= Add
			□Remove
		77721	
			□Add
			□Remove
			□Change
			□Add
			Remove
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ffective date, if other than the an effective date is listed, the date must otte: If the date inserted in this bloocument's effective date on the December 1.	ock does not meet the applic	cable statutory filing req	(optional) an 90 days after filing.) Pursua uirements, this date will no	unt to 605,020 of be listed as
record specifies a delayed effective is filed.	e date, but not an effective t	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
October 5th	2022			
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		narized representative of a	nombor	
	Stendard a member or auth	orized representative of a	nember	

Filing Fee: \$25.00