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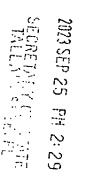
(Requestor's Name)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Solution of Co			
	ERPRISES, LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Alex Burrlader		
	ALIS ENTERPRISES, LL	Name of Person	
,		Firm/Company	
	2221 NE 164th Street, Sui	te 1120	2023 SEI SECRE
		Address	THE SEP
	North Miami Beach, FL 3.	3160	25
	- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	7. 7.
	27albu@gmail.com		
	E-mail address: (to be used for future annual report notifi-	cation) 2
	concerning this matter, please c		
Alex Burrlader		305 725-87 99	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
14 .00		6	
<u>Mailing Addres</u> Registration !		Street Address: Registration Sect	ion
Division of Corporations		Division of Corp	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIS ENTERPRISES, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
the Articles of Organization for this Limited Liability Company were filed lorida document number 92-2165447	on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	<u>iny here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	2023 SECI TA
Mailing address MAY BE A POST OFFICE BOX)	
muing dualess mar be a rost of rice box)	25
If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
ent and/or the new registered office address here:	29
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street address
	171

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.

City

Zip Code

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
MGR	Isaac Feldman	2221 NE 164th Street, State 1120, North Miami Beach, FL 331641	
			
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ective date, if other than	the date of filing:		(optional)		
reffective date is listed, the date	the date of filing: must be specific and cannot be prior to	date of filing or more tha	nn 90 days after filing.)	Pursuant to 60	5.0207
cument's effective date on the	is block does not meet the applicable Department of State's records.	e statutory ining requ	irements, this date v	viii not de lis	sted as
cord specifies a delayed effe	ective date, but not an effective time	, at 12:01 a.m. on the	earlier of: (b) The	90th day aft	er the
s filed.				-	
09/19	2023				
ed			,		
			/		
	Signature of a member or authority	A reproductive of the	nember		