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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_atejidor@TherrelBaisden.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALFIE18, LLC

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## **COVER LETTER**

| то:            | Registration Sec<br>Division of Corp |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                      |                                        |
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| CUDIE          | ALFIEI8, L                           | LC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                      |                                        |
| SUBJE          | C1:                                  | Name of Lim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nited Liability Company |                      |                                        |
|                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                       |                      |                                        |
| rieaser        | eum an conespon                      | idence concerning this matter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to the following:       |                      |                                        |
|                |                                      | ANDRES E. TEJIDOR, E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SQ.                     |                      |                                        |
|                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Person          | ····                 |                                        |
|                |                                      | THERREL BAISDEN, LI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LP .                    |                      |                                        |
|                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Firm/Company            |                      |                                        |
|                | 1 SE 3RD AVENUE, SUITE 2950          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                      |                                        |
|                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Address                 |                      |                                        |
|                |                                      | MIAMI, FLORIDA 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l                       |                      |                                        |
|                |                                      | Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filling.  Il correspondence concerning this matter to the following:  ANDRES E. TEJIDOR, ESQ.  Name of Person  THERREL BAISDEN, LLP  Firm/Company  1 SE 3RD AVENUE, SUITE 2950  Address  MIAMI, FLORIDA 33131  City/State and Zip Code  ATEJIDOR@THERRELBAISDEN.COM  E-mail address: (to be used for future annual report notification)  semation concerning this matter, please call:  TEJIDOR, ESQ.  Name of Person  at ( |                         |                      |                                        |
|                |                                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | report notification) |                                        |
| For furt       | her information co                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | report normaniony    |                                        |
|                | es e. Tejidor, e                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 305 37                  | 1-5758               |                                        |
|                | Name of                              | Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | Daytime Teleph       | one Number                             |
| Enclose        | d is a check for the                 | following amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                      |                                        |
| <b>≘ \$2</b> 5 | .00 Filing Fee                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Certified Copy          |                      | Certificate of Status & Certified Copy |
|                | Mailing Address:                     | i <sub>.</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Street A                | ddress;              |                                        |

Mailing Address:
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

| ALFIE18, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | puny as it now appears on our records.)<br>il Liability Company)                                                                    |                                            |  |
| The Articles of Organization for this Limited Liability Compare Florida document number <u>L23000103572</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ny were filed on MARCH 6, 2023                                                                                                      | and assigned                               |  |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                            |  |
| A. If amending name, enter the new name of the limited | ability company here:                                                                                                               |                                            |  |
| The new name must be distinguishable and contain the words "Limited Lia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bility Company," the designation "LLC" or the a                                                                                     | bhreviation "L.L.C."                       |  |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                            |  |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     | 1924                                       |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     | 20                                         |  |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     | •                                          |  |
| (Muiling address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     | <del></del>                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·      |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e address on our records, enter the nam                                                                                             | ne of the new registered                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter Florida street address                                                                                                        |                                            |  |
| ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , Florida                                                                                                                           |                                            |  |
| N. B. Carlotte and Co. Carlotte and Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                   | Zip Code                                   |  |
| New Registered Agent's Signature, if changing Registered Agen  I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | er<br>gree to act in this capacity. I further ag<br>te performance of my duties, and I am<br>s provided for in Chapter 605, F.S. Or | familiar with and<br>, if this document is |  |

If Changing Registered Agent, Signature of New Registered Agent

From: Mario Spindola

Fax: 13053715758

To:

Fax: (850) 617-6383

Page: 4 of 5

02/20/2024 2:05 PM

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          | JOSE J. ALFIE CASSAB | 9801 COLLINS AVENUE, 101 |                           |
|              |                      | MIAMI, FL 33154          | ■Remove                   |
|              |                      |                          |                           |
| MGR          | LINDA A. DE ALFIE    | 9801 COLLINS AVENUE, 101 | □Add                      |
|              |                      | MIAMI, FL 33154          | =Remove                   |
|              |                      |                          |                           |
| MGR          | EDUARDO ALFIE AMKIE  | 9801 COLLINS AVENUE, 101 | ■Add 2024                 |
|              |                      | MIAMI, FL 33154          | اریا<br>نین               |
|              |                      |                          | 20                        |
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| MGR          | DAN ALFIE AMKIE      | 9801 COLLINS AVENUE, 101 | <b>B</b> A₫ : <del></del> |
|              |                      | MIAMI, FL 33154          | Remove                    |
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| Effectiv     | e date, if other than the date of filing:                                                                                                                                                                                                                           |           |
| II all Circu | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed | 207 (3)(1 |
| docume       | nt's effective date on the Department of State's records.                                                                                                                                                                                                           | as inc    |
|              |                                                                                                                                                                                                                                                                     |           |
| rd is filed  | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.                                                                                                                                          | he        |
| Dated _      | TETSWARY 20 2024                                                                                                                                                                                                                                                    |           |
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Typed or printed name of signee