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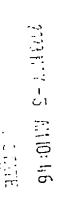
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ALEJO		SERVICES II		
		Name of Lim	ited Liability Company		
		dment and fee(s) are sub-	-		
		IDIANA T	ORRES ALESO Name of Person)	
		ZDIANA	TORDES ALESO Firm/Company		
		624 SE	13+4 St Apt. 4		797
		CAPE CO	2.Al, Fl - 33990 City/State and Zip Code		7973 KAY -5
		e-mail address: (1	FRADY O 9 MAIL. CO to be used for future annual report not	ification)	
For further in	formation concer	ning this matter, please ca	all:		1 1 10 17 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
JAIA	Name of Perso		at (<u>286</u>) <u>532</u> Area Code Daytin	- 30,46 ne Telephone Number	_
Enclosed is a	check for the foll	owing amount:			
X \$25.00 F	iling Fee 🗆	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co)	of Status &
Reg Div P.O	ling Address: gistration Sectionsion of Corpo b. Box 6327 lahassee, FL 32	rations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALESO THERPLY SCRVICES LC

(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 04/05/2023 and as:

Florida document number 123000168857

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	ກຼຸ L.L.C
	- • :	()

Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	·	- 4	• :
		Q1	
	<i>□</i> * <i>t</i>	\equiv	

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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
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