(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:
J. HORNE MAY - 3 2023

Office Use Only



600407028336

2023 HAY -2 AH KIN

RECEIVED

2023 MAY -2 PM 2: 40

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ASHLELY AIRAGHI CONSI	ULTING LLC	
Please Debit I2000000257 Fo	r: 30	
Thank you Seth Neeley	}	
Atta/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert, Copy
		Рhого Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1 ,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH 05/01		UCC 1 or 3 File
Name Date	Time	UCC 11 Search
	ì	UCC 11 Retrieval
Walk-In Will Pick	k Up	Courier

COVER LETTER

	LY AIRAGHI CONSULTING LI	.c		
SUBJECT:				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Ignacio M. Alvarez			
		Name of Person	 	
	ALGO LAW FIRM, LLP			
		Firm/Company		
	815 Ponce De Leon Blvd, Suite 101			
	 	Address		
	Coral Gables , Florida 331	34		
		City/State and Zip Code	<u> </u>	
	IMAlvarez@AlgoFirm.com			
		to be used for future annual report notifi	.cation)	
For further informatio	n concerning this matter, please c	all:		
Ignacio M. Alvarez		305 723-1876 at ()		
Nan	ne of Person		Telephone Number	
Enclosed is a check for	or the 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 Add	lress:	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

78 7A

and assigned
and assigned
and assigned
abbreviation "L.L.C."
bbreviation "L.L.C."
-
-
-
-
<u> </u>

ne of the new regi
Zip Code
ne

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
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			Remove
			□ Change
			□Add
			Remove
			□ Chanca

		_
		-
		_
		_
		_
		_
		
		_
		_
		
ective dat	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	56.05
<u>ite:</u> If the o	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be b	isted a
cument's e	ffective date on the Department of State's records.	
cord speci	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter th
is filed.	and a detayout extremely duty for all extremely at 12.01 a.m. on the carter of (b).	101 111
May 2	2022	
ted May 2	nd , 2023	
	All En dis Mol-	
	Signature of a member or authorized representative of a member	
Δα	shley C. Airaghi	
713	, , , , , , , , , , , , , , , , , , ,	

Filing Fee: \$25.00

COVER LETTER

	Registration Sect Division of Corpo				
cito ie c		IRAGHI CONSULTING LL	.c		
SUBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspond	lence concerning this matter	to the following:		
		Ignacio M. Alvarez			
			Name of Person		
		ALGO LAW FIRM, LLP			
Firm/Company					
815 Ponce De Leon Blvd, Suite 101					
Address					
Coral Gables , Florida 33134					
			City/State and Zip Code	•••	
		IMAlvarez@AlgoFirm.com			
		E-mail address: (to be used for future annual:	report notification)	
For furth	er information con	cerning this matter, please ca	ali:		
Ignacio I	M. Alvarez		305 723	-1876	
	Name of F	erson	Area Code	Daytime Teleph	one Number
Enclosed	is a check for the	following amount:			
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street Ad	ldress:	

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