

L23000228094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

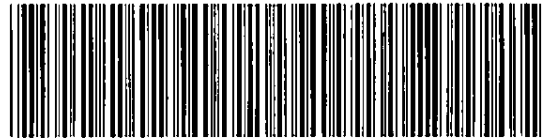
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FILED

2023 OCT 19 PM 7:04

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLIANCE CONTRACTING GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE LEON

Name of Person

LBS - LEON BUSINESS SERVICES

Firm/Company

8333 W MCNAB RD STE 114

Address

TAMARAC, FLORIDA 33321

City/State and Zip Code

INFO@LEONBUSINESSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE LEON

954 323-9074  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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**

2023 OCT 19 AM 7:04

ALLIANCE CONTRACTING GROUP 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 05/09/2023 and assigned Florida document number 1.23000228094.

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)

1443 JOHNSON ST

HOLLYWOOD, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1443 JOHNSON ST

HOLLYWOOD, FL 33020

**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:

JOSE LEON

New Registered Office Address:

8333 W MCNAB RD STE 114

*Enter Florida street address*

TAMARAC

*City*

Florida 33321

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHAN S CARMONA	1443 JOHNSON ST	<input type="checkbox"/> Add
		HOLLYWOOD, FLORIDA 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NATALIA GRISALES	1443 JOHNSON ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FLORIDA 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMENDING PRINCIPAL AND MAILING ADDRESS OF THE COMPANY, REGISTERING AGENT NAME  
AND ADDRESS, EXISTING MEMBER ADDRESS AND ADDING NEW MEMBER

THANK YOU.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Oct 2, 2023.



Signature of a member or authorized representative of a member



Typed or printed name of signee

Filing Fee: \$25.00