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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor					•	
SUBJEC	T: ALE	WANDER	CLUBA	+ LLC			
		N	ame of Limited	Liability Company			
The encle	osed Articles of	Amendment and fee	(s) are submitt	ed for filing.			
Please ret	turn all correspo	ndence concerning	his matter to th	ne following:			
		_ ALEK	SANDER	CZVBA			
				Name of Person			
				Firm/Company			
		888	B150	Address	ULEVARI) #112 <u></u>	
		Mik	4M1 /	FLO PLD A	/ 33.13	321	
		<u>aleks</u> E-ma	ender-	CZUBA O	Damai report potification	L. com	
For furthe	er information c	oncerning this matte	r, please call:		v		~ 1
Abel	krander Name o	Guba f Person		at () 1	813 - 429 Daytime Tele	-0049 phone Number	-
Enclosed	is a check for th	ne following amount	:				11. در ر
	00 Filing Fee	S30.00 Filing Certificate o	Fee &	□ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &
	Mailing Addres Registration S			<u>Street A</u> Registi	ddress: ration Section	1	
	Division of C P.O. Box 632	Corporations		Divisio	on of Corpora	itions	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALFKSANDER CZI					
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appe Liability Company	ars on ou	r recor	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on _	MHY	18	2023	_ and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company l	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designati	on "LL	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					-3
					مبد یہ م
Enter new mailing address, if applicable:					્યું
• • • • • • • • • • • • • • • • • • • •					1.
(Mailing address MAY BE A POST OFFICE BOX)					
					- G
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records	s, <u>ente</u>	r the name o	of the new registe
New Registered Office Address:					
	Enter Fl	lorida stre	et addre	*SS	
	City		, F	lorida	7:- C- I.
New Registered Agent's Signature, if changing Registered Agent:	City				Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this performance o provided for in	of my di Chapte	ities, a r 605,	ind I am fan F.S. Or, if	niliar with and this document is
If Cha	nging Registered A	Agent, Sig	nature	of New Regist	ered 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
<u>AMBR</u>	ALEKSANDER CUUBA	888 BISCAYNE BLVD. #112	/XI Add
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If the date inser	d, the date must be sp rted in this block d	oes not me	et the applic	cable stat					
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