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COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	Aali Comm	unity Association Firm LLC (name change)	<i>f</i>
SUBJEC	ol:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Alisa L. Persad		
			Name of Person	
		Aali Community Associati	on Firm LLC	
			Firm/Company	
		9611 Kona Village Dr. #24	! 14	
			Address	
		Riverview, FL 33578		
			City/State and Zip Code	
		alisalpersad@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please co	atl:	
Alisa L.	Persad		808 940- 7 477	
	Name o	d' Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$25	.00 Filing Fee	S30.00 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)
A.	- Mailing Addres Registration S	ss: Section	Street Address:	action
	Division of C		Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	•
	Tallahacces	EI 30314	2415 N. Monre	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Aali Community Association Firm LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 05/22/2023	and assigned
Florida document number 1.23000249059		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Aali Community Association Management Firm LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		o m
Enter new mailing address, if applicable:		P. P.
Mailing address MAY BE A POST OFFICE BOX)		71=1
Maung address MAT BLATOST OFFICE BOA		9
3. If amending the registered agent and/or registered one meant and/or the new registered office address here:	ffice address on our records, <u>enter the r</u>	ame of the new regist
Name of New Registered Agent:		• • • • • • • • • • • • • • • • • • • •
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	Fibrida City	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.

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. Authorized Person(s) authorized to manag	e, cher my
amena ng Authorized Tersonie,	
removed from our records:	
· removed from our second	

IGR = Manager MBR = Authorized Member

MBR =	Authorized Member	Address	Type of Action
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fective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be does not meet the ap	prior to date of filing or moplicable statutory filing		
record specifies a delayed effective d is filed.	ate, but not an effecti	ive time, at 12:01 a.m. c	on the earlier of: (b) The 90tl	n day after the
January 29th	. 2024	71/6\		
	M			
Si	anature of admember or	authorized representative	of a member	

Typed or printed name of signee