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(R	equestor's Name)	
(A	ddress)	
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(D	ocument Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: A 1A MANAGEMENTS		
Name of	f Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
BRITTNEY	A. NOVACKOWSKI Name of Person	
A1 A SIGN AN	ND SEAL COMPANY, LLC Firm/Company	
3910 S. ROOSE	VELT BLVD, APT, 202N Address	
KEY WEST, 7	FL 33040 City/State and Zip Code	
	ess: (to be used for future annual report notification)	
For further information concerning this matter, pleas	ase call:	
BRITTNEY A. NOVACKOWSKI Name of Person	at (<u>570</u>) <u>leOle -8531</u> Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fe IS Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
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

ALA MANAGEMENT STRATEGIES, LLC

(Name of the Limited Liability Compan (A Florida Limited L	is as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L23000307348</u> .	were filed on Olo 27 2027 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
A 1A SIGN AND SEAL COMPANY, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	3910 S. ROOSEVELT BLVD.
(Principal office address MUST BE A STREET ADDRESS)	APT. 202 N S:
	KEY WEST, FL 33040: \$
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 5515 22 22 25 25 25 25 25 25 25 25 25 25 25
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registe</u>
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.

City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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n effe <u>te:</u>	ive date, if other than the date of filing: 04 17 2024 (optional) ective 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 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fient's effective date on the Department of State's records.	05.0 isted
core s fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af led.	ter t
ed .	04/17/2024	
	Signature of a member or authorized representative of a member	