

L23000429704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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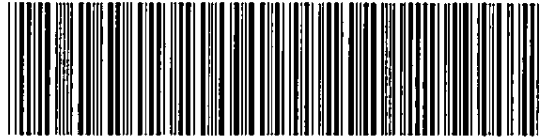
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Y. SCOTT

OCT - 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBERTO ALZATE 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:

M ELIZABETH CAPLAN

Name of Person

M.E. CAPLAN, P.A.

Firm/Company

PO BOX 57310

Address

JACKSONVILLE, FL 32241

City/State and Zip Code

bcaepa@aol.com

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

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For further information concerning this matter, please call:

M ELIZABETH CAPLAN

904 448-0144

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ALBERTO ALZATE 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 09/14/2023 and assigned
Florida document number L23000429704.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ISAAC ALZATE LLC

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)

55 OVALO COURT

SAINT AUGUSTINE, FL 32095

55 OVALO COURT

SAINT AUGUSTINE, FL 32095

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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	ALBERTO ALZATE	55 OVALO COURT	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32095	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISAAC ALZATE	55 OVALO COURT	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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OFFICE
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FLORIDA

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2023 SEP 25 PM 3:02

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.

Dated SEPTEMBER 19 2023

Signature of a member

Signature of a member or authorized representative of a member

ISAAC ALZATE

Typed or printed name of signee

Filing Fee: \$25.00