L23000455144

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

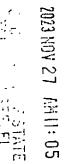
Office Use Only

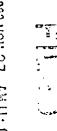


500419221595

11/27/23--01036--009 **25.00







COVER LETTER

Division of Cor				
SUBJECT: <u>ALCOL</u> L	ECTIONS, LLC Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Corpora	ate Maintenance Le	ad	
		Name of Person		
		Firm Company		
		City State and Zip Code		. ~ <u>.</u>
	E-mail address: 0	to be used for future annual report not	afication)	
For further information of	concerning this matter, please ca	ult:		HIOV 27 AM
Process	sing Department	at 1 800 , 638-2320)	
Name (of Person	Area Code Daytin	ne Telephone Number	2023 HOV 27 AM II: 05
Enclosed is a check for t	he following amount:			•
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AI COLLECT	ΓΙΟΝS, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/02/23	and assigned
Florida document number L23000455144		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	520 East Church Street Apt 92	22
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		23 NOV 27
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Ciņ	Zīp 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>	Type of Action
MGR	Anita Fernandes	.520 East Church Street Apt 922	
		Orlando. FL 32801	☐ Remove
			Change
		_	□ Add
			Remove
			☐ Change
		_	Add
			Remove Company 27dd AH II we a company 27dd AH II we
	-		Add AH III No O S FILE Change
			Add
			□ Remove
			Change
		-	Remove
			□ Change

•	any other information	,			, , ,			

	<u> </u>	***						_
								
** ************************************								-
								_
	•							
		· 		 			· ·	-
	~~~~			······	<del></del>			
*****								
							·····	_
<del></del>		· · · · · · · · · · · · · · · · · · ·						••••
. <b>-</b>		`						
***************************************			······································				*********	
			······································			<del></del>		~***
	<del></del>							
							7.5	207
								– ಮ ಷಾ
······································	· · · · · · · · · · · · · · · · · · ·					····	<u>r</u>	¥0
	The state of the s						· · ·	27
					***********		∪. ∵.∵	A.
fective dat	e, if other than the d	ate of filing: N/	<u>4</u>		(apti	General Company		
n effective da ste: If the d	ate is listed, the date must late inserted in this block fective date on the Der	e specific and cannot be	e prior to date of	filing or more th		,	1	35 0207 (3
cument's ef	fective date on the Der	entment of State's n	ecords.	restument ted	menericker in	a dane Mail £	LLI Or OCIUS	weg As in
						. 1		
record sp	pecifies a delayed day after the recor	effective date, b	ut not an Af	fective time,	at 12:01	no focie	he earl	lier of:
· ine soul	ay anter the recor	u is med.	[/ /]		``	11)		
ted Nov	vember 17	202	$\mathcal{L}_{23}$	1-1		VI		
			<del>-</del> /	11 0	, A_	1		
			47		JY_	~/		
			, -					
	<u> </u>	क्ष्मावद्यमात वा व भारतमृत्य	or authorized res	resentative of a t	ocmbrz	<del></del>		

Page 3 of 3

Filing Fee: \$25.00