## 624000081016

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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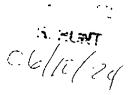
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PALLAHASSEE FLORE



## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: ALPHA J	OTA HOLDINGS LLC		
3GB31.C.1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEPHEN GUERRERO		
		Name of Person	
	GUERRERO LAW GRO	OUP	. ,
		Firm/Company	<u> </u>
	6600 COW PEN RD SUI	ITE 260	
		Address	. <u>-</u> -
	MIAMI LAKES, FL 33014	1	i i
		City/State and Zip Code	
	SGUERRERO@THEGUE		
For further information c	e-mail address; (	to be used for future annual report not call:	meation
STEPHEN GUERR	ERO	at (305)48862	
Name o	of Person	Area Code Daytir	ne Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Sc	ection
Division of C	lorporations	Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	FL 34314	Z4TO IN. MIONIC	DO SHOOL, SHING & IV

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEB 14TH 2024	and assigned
FEB 14TH 2024	and assigned
iere:	
designation "LLC" or the abb	reviation "L.L.C."
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records, enter the name	of the new regis
<del></del> : -	
orida street address	
Elovido	
	designation "LLC" or the abb  records, enter the name

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

Zip Code

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
AMBR	THE REVOCABLE TRUST OF THE MONTEJO FAMILY	6147 HELLMAN AVE FORT MYERS FL 3390	<u>5_</u> □Add
			_ X)Remove
	THE ANDRE TEJERA AND JUDITH		_ □Change
AMBR	MONTEJO JOINT REVOCABLE LIVING TRUST	6147 HELLMAN AVE FORT MYERS F1. 3390	<u>5</u>
			_ □Remove
			Change
			_ □Àdd
			_ Remove .
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			_ ERemove
			_ □Change
			_ □Add
			_ □Remove
			Change
			□ Add
			_ □Remove

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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be priote:  If the date inserted in this block does not meet the appl cument's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605,0205 icable statutory filing requirements, this date will not be listed as ls.
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited APRIL 23RD 2024	·
/S/ Stephen	Guerrero
Signature of a member or an	thorized representative of a member
· · · · · · · · · · · · · · · · · · ·	· · · · · · ·

Filing Fee: \$25.00