L24000 115 867

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: ALLA	FLAND I	INVESTMENTS ited Liability Company	LLC.
	mendment and fee(s) are sub	_	
	Alyaro	Name of Person	
		Firm/Company	
	176 Longfe	MOU DYNE	
	Polm Spr	1005 FL 33461 City/State and Zip Code	
	claudiaacac		ation)
For further information cor	neerning this matter, please ca	•	2004 H
ANCI O A Name of I	A CONCENSION OF THE PERSON OF	at (<u>305</u>) <u>399 ~</u> Area Code Daytime	1132 L
Enclosed is a check for the	following amount:		4.0 H
■ \$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 Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Secti Division of Corpo The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLAELANDS INVESTMENTS 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 Co	mpany were filed on 300	o 2024 and assigned
Florida document number <u>L 24 000 11586</u>	<u>2</u> 7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	nddraes
·	City	, Florida Ziv Code
N. D. L. J. G. L. K. L. B. L.	*	ray s van

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 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	<u>Claudia 60 nzarez</u>	176 Longfellow Dr.	T/Add
		Palm springs PL	⊒Remove
		33461	□Change
			□Add
			□Remove
			□Clvinge
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			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mo e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	n the earlier of: (b) The 90th day after the
od D7/29/24	
11/2 and Whines.	
Mara Savajo	of a member