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## COVER LETTER

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ALIGNME	ENT PRO 2 LLC		
SUBJEC1;	Name of Lim	ited Luability Company	. , , ,
The anothered Actions of	Amondment and footes are sub-	mitted for filling	
		_	
Division of Corporations  SUBJECT:  ALIGNMENT PRO 2 LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  CARLOS ULERIO  Name of Person  Fran Company  2062 SW HAYWORTH AVE  Address  PORT SAINT LUCIE  Caystate and Zip Code  ULERIO825g/GMAILCOM  F-mad address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CARLOS ULERIO  At a 662-0857  At a Captiling Fee A Cartificate of Status  Certificate of Status & Certificate Copy Certificate of Status & Certificate of Status & Certificate Copy is necl-seed.			
		Name of Person	
ALIGNMENT PRO 2 LLC  SUBJECT:  ALIGNMENT PRO 2 LLC  Name of Limited Liabi  The enclosed Articles of Amendment and fee(s) are submitted for Please return all correspondence concerning this matter to the form of CARLOS ULERIO  CARLOS ULERIO  PORT SAINT LUCIE  City/S  ULERIO825(@GMAIL.COM)  F-mail address: (to be used to	Firm Company		
	2062 SW HAYWORTH A	, .	
	<u>,</u>	Address	
	PORT SAINT LUCIE		
	ULERIO825@GMAIL.CO		
For further information c		•	tification)
		484 662-0857	
Name e	of Person	Area Code Dayth	ine Telephone Number
Enclosed is a check for the	he following amount:		
⇒ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status &
		· · · · · · · · · · · · · · · · · · ·	ection
<del>-</del>		<del></del>	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF

ALIGNMENT PRO 2 LLC (Name of the Limited Liability Company as it now appears on our records )

(A Florida Lim	nited Liability Company)	<del>-</del>	
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/24 2024	and assigned	
Florida document number L24000193470			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
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 ADDRES.	<u>s</u> ,		
		024 S	
		SEP ::	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	To the Table of the Control of the C	Sign P	
		72 72	
		严重 5	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		orida	
	City	Zip Code	

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>	Address	Type of Action
MGR	CARLOS ULERIO	2062 SW HAYWORTH AVE	<b>=</b> Add
		PORT SAINT LUCIE, FL 34953	□Remove
			⊒Change
MR	OWENS MOTA	24-06 BROADWAY STE 1	
		FAIR LAWN, NJ 07410	■Remove
			□Change
AMBR	MAYELYN ULERIO	2062 SW HAYWORTH AVE	<b>=</b> Add
		PORT SAINT LUCIE, FL 34953	□Remove
			□Remove
		<del></del>	Change
			□Remove
			Change

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Note: 1	ve date, if other than the date of filing:	05,0207 ( sted as t
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at ed.	ier the
0 Dated _	08/30/2024	
	Signature of a member of authorized representative of a member	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00