## L24 000 233 409

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## **COVER LETTER**

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TO: Registration So Division of Co				
Alobaa LL	С			
SUBJECT:	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:		
	Jozo Cancar			
		Name of Person		
		Firm/Company		
	1880 East University Dri	ve		
		Name of Person  Firm/Company  versity Drive  Address  3431  City/State and Zip Code mail.com ail address: (to be used for future annual report notification) er. please call:  430 2479567 at (		
	Boca Raton 33431			
		City/State and Zip Code		
	alobaa.info@gmail.com		- <del></del>	
For further information c	E-mail address: ( concerning this matter, please c	-	tification)	
Jozo Cancar		at (		
Name o	t Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Address			and an	
Registration Section Division of Corporations				
P.O. Box 632	•		-	
Tallahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alobaa LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our recor- Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/20/2024	and assigned
Florida document number L24000233409		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
'he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	C" or the abbreviation,"L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR.	ESS)	· · · · · · · · · · · · · · · · · · ·
		0
		3
Enter new mailing address, if applicable:		က်
• • • •		- <del>6</del>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter	r the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	339
		lorida
	Сиу	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 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	Jozo Cancar	1880 East Universtiy Drive	□Add
		Boca Raton FL, 33431	□Remove
			■Change
			□ Add
			□Remove
			☐ (Thange
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fective date, if other than the date of filing:  (optional)  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.		
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Signature of a member or authorized representative of a member		08/01/2024
Signature of a member or authorized representative of a member	ted	
	ted	