

(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

Office Use Only



000435074330

08/22/24--01021--009 **25.90



13. HUNT C8/22/24

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Albox Ko	rie LLC	
300#ECT		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Allore Hore Name of Person	
	Allene	Firm/Company	
	113 SE 124	Ave Suite 917 Miami, F Address	T 33131
	Miom	6, FL 3531 City/State and Zip Code	
		to be used for future annual report not	- ,
For further information c	oncerning this matter, please c		
Allene	Horre	at (<u>850</u>) <u>766 - 1</u> Area Code Daytin	45
Name o	f Person	Area Code 12ayun	ie reiefnone Number
Enclosed is a check for the	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 Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 6327		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allane har	He LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number <u>L24000258561</u> .	,	
riorida document number <u>L'210012351</u> .		
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 I	LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	~) !
	-	
Coton on the coddness of analysis		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s
		8
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	City	Zıp 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Change
			Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______(optional) (If an 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated August 19 . 207 Signature of a member or authorized representative of a member Typed or printed name of signee