

200435543592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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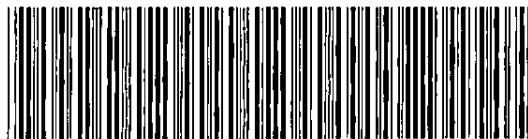
(Business Entity Name)

(Document Number)

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200435543592

08/11/24 11:11:11 AM

0.9/20/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALHEAD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH C. GROSS

Name of Person

ALHEAD LLC

Firm/Company

4760 W ATLANTIC BLVD APT 202

Address

MARGATE, FL 33063-6706

City/State and Zip Code

alhead@jelofar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO A. ALVAREZ

Name of Person

786 351-5168
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALHEAD 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 Company were filed on June 19, 2024 and assigned
Florida document number L24000278573.

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 ADDRESS)

4760 W ATLANTIC BLVD APT 202

MARGATE, FL 33063-6706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4760 W ATLANTIC BLVD APT 202

MARGATE, FL 33063-6706

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARCELO A. ALVAREZ

New Registered Office Address: 3921 ALTON RD UNIT 163

Enter Florida street address


MIAMI BEACH, Florida 33140-3852

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUDITH C. GROSS	4760 W ATLANTIC BLVD APT 202	<input type="checkbox"/> Add
		MARGATE, FL 33063-6706	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARCELO A. ALVAREZ	3921 ALTON RD UNIT 163	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

 _____
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00