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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: AlPha Martel Name of Li	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
<u>Galil</u>	J Rohlehr Name of Person	
Alpha	Martell LL(	1
3936 W	estminster Di	<u>/</u>
Saraso	ta FL 3424 City/State and Zip Code reyahoo. com	1
	:: (to be used for future annual report notifi	
For further information concerning this matter, please	e call:	
Galily Rohlehr Name of Person	at (911) 685- Area Code Daytime	5068 Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & S30.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Company were filed on July 2 lorida document number <u>L2400032370</u> 8 his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:	
. If amending name, enter the new name of the limited liability company here:	*LLC" or the abbreviation "L.L.C."
	'LLC" or the abbreviation "L.L.C."
	"LLC" or the abbreviation "L.L.C."
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation	
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	(B)
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
nter new mailing address, if applicable:	•
Mailing address MAY BE A POST OFFICE BOX)	:::
	ည်
. If amending the registered agent and/or registered office address on our records, <u>ergent and/or the new registered office address here</u> :  Name of New Registered Agent:	nter the name of the new register
New Registered Office Address:  Enter Florida street ac	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida <sub>-</sub>

.
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
AMBR	Leonardo Jesus	3936 West mins? 11 Sarasota, Pl 31124	MassAdd
	Ve142906211411C	Savasota, FL 3424	□Remove
			□Change
			□Add
			□Remove
			□Change □Add
			□Change
*******			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
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			□Remove
			□Change

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<u>te:</u> If t	date, if other than we date is listed, the dat the date inserted in the s effective date on t	iis block does net m	eet the applicabl	2 202 U date of filing or more t e statutory filing red	optional) han 90 days after filing quirements, this date	.) Pursuant to 605.020' will not be listed as
	d specifies a dela th day after the		ate, but not a	n effective time	e, at 12:01 a.m.	on the earlier o
ed	8-14-	,				
	1.0	Signature of a m	lember or authoriz	ed representative of a	ntember	

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Filing Fee: \$25.00