

**L23000394369**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALIS REALTY LLC

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H23000417818

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALIS Realty 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:

Michael Merino

Name of Person

Michael Merino PA

Firm/Company

6741 Orange Dr

Address

Davie, FL 33314

City/State and Zip Code

ktsrcalty@gmail.com

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

For further information concerning this matter, please call:

Michael Merino

954 321-7701

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIS Realty 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 08/22/2023 and assigned Florida document number L23000394369

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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Printed On: 12/07/2023 10:00AM FAX 9546414192

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	Nicolas Katsiyianis	5944 CORAL RIDGE DRIVE #235	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDER KATSIYIANIS	5944 CORAL RIDGE DRIVE #235	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIA ISABEL CHAGUENDO	5944 CORAL RIDGE DRIVE #235	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input checked="" 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

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

1. Add Manager NICOLAS KATSIYIANIS and address 5944 CORAL RIDGE DRIVE #235

CORAL SPRINGS, FL 33076

2. Change the spelling of Manager Name from ALEXANDER KATSIYIANS to Alexander Katsiyianis

3. Change the spelling of Manager Name from MARIA ISABEL CHABGUENDO to Maria Isabel Chaguendo

**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 \_\_\_\_\_, \_\_\_\_\_

*Maria Isabel Chaguendo*  
eScribe verified  
12/06/23 2:02 PM EST  
23011FP1-37HW 0402

Signature of a member or authorized representative of a member

Maria Isabel Chaguendo

Typed or printed name of signer

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