

630689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

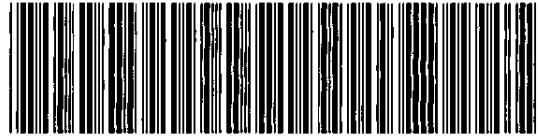
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
10 FEB - 9 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/10/10
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SOFIA POWELL-COSIO, P.A.
1900 SOUTH WEST 3RD AVENUE
MIAMI, FLORIDA 33129
Telephone (305)-579-9988
Facsimile (305) 579-9989

February 3, 2010

Department of State
Division of Corporations
Corporate Filings
P.O.Box 6327
Tallahassee, FL 32314

Re: Alvi, Inc.
Document No. 630689
FEI Number: 65003645
State: FL
Status: Active

Gentlemen:

Enclosed herewith please find the following duly executed forms amending the above captioned corporation. Also enclosed please find our check in the amount of \$122.50:

- 1) Officer/Director Resignation (Fee \$35.00)
- 2) Statement of change of Registered Office or Registered Agent (Fee\$35.00)
- 3) Articles of Amendment to Articles of Incorporation (Fee \$52.50 for Certified additional copy enclosed)

If any further information is required, please do not hesitate to contact our office.

Your help in expediting this matter will be greatly appreciated.

Sincerely,


Sofia Powell-Cosio

SPC: ms
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alvi, Inc.

DOCUMENT NUMBER: 630689

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sofia Powell-Cosio Esq

Name of Contact Person

Sofia Powell-Cosio PA

Firm/ Company

1900 SW 3rd Avenue

Address

Miami, FL 33129

City/ State and Zip Code

sofiapc@aol.com

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

For further information concerning this matter, please call:

Sofia Powell-Cosio

Name of Contact Person

at (305)

579 9988
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Alvi, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

630689

(Document Number of Corporation (if known))

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/C

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1900 SW 3rd Avenue

Miami, FL 33129

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1900 SW 3rd Avenue

Miami, FL 33129

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Sofia Powell-Cosio

New Registered Office Address:

1900 SW 3rd Avenue

(Florida street address)

Miami

(City)

Florida 33129

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Sofia Powell - Cosio
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DPS	Paul D. Barns Jr.	550 Crandon Blvd. Apt 8-E Key Biscayne, FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DPS	Pedro Alvarez	1900 SW 3rd Avenue Miami, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/C

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/C

The date of each amendment(s) adoption: January 26, 2010

Effective date if applicable: January 26, 2010 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

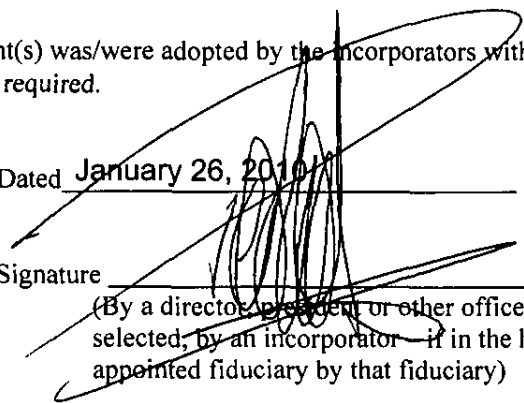
“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated January 26, 2010

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Pedro Alvarez
(Typed or printed name of person signing)

Director/President/Secretary
(Title of person signing)