

LI9000074377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

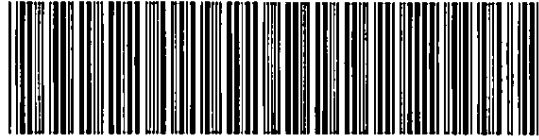
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700329030007

07.08.18 --0.016--023 --00.00

2019 MAY -9 PM 1:59

FILED

C. GOLDEN  
MAY 20 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Alpez, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Erick Alviarez

\_\_\_\_\_  
Name of Person

Alpez, LLC

\_\_\_\_\_  
Firm/Company

10690 Washington Street Apt. 108

\_\_\_\_\_  
Address

Pembroke Pines, FL 33025

\_\_\_\_\_  
City/State and Zip Code

erick@alpez.cc

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

For further information concerning this matter, please call:

Erick Alviarez

305 4092615

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**

Alpezz, LLC

2019 MAY -9 PH 1:59

(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 3/18/2019 and assigned  
Florida document number L19000074377

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*

\_\_\_\_\_, Florida \_\_\_\_\_

*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>                      |
|--------------|---------------|--|--|
| AMBR         | Lorenzo Henry | 7787 ARUNDEL MILLS BLVD<br>APT. 1212                         | <input type="checkbox"/> Add               |
|              |               |  | <input checked="" type="checkbox"/> Remove |
|              |               |  | <input type="checkbox"/> Change            |
| AMBR         | Delia Alvarez | 10690 Washington Street Apt. 108<br>Pembroke Pines, FL 33025 | <input checked="" 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            |

