

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION ALVA FINANCIAL GROUP LP

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10 FEB 18 AM 8: 36 SECRETARY OF STATE FALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

ALVA FINANCIAL GROUP LP

Insert name currently on f	file with Florids D	epartment of State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 12/09/2008 , assigned Fig.	ficate was filed orida documen	with the Florida Department of State on the number
adopts the following certificate of amendment to	its certificate	of limited partnership.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	limited partner	ship or limited liability limited partnership
New name must be distinguis	hable and contain	an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Ltability Limited Partnership suffixes:		
B. If amending mailing address and/or priori principal office address here:	ipal office add	ress, enter new mailing address and/or
New Principal Office Address:		<u> </u>
(Must be STREET address)		
New Mailing Address:		·
(May be post office box)		
C. If emending the registered agent and/or regist new registered agent and/or the new registered offic	ered office addi ce address here:	ress on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Protest	Florida street oddress
	muer ,	,
	City	Florida Zin Code

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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.

If Changing Registered Agent. Significe of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>G</u>	Nelson Valladares	3896 NW 125 ST OPA-LOCKA FL 33054	Add ✓ Remove
			Add Remove
			Add
			Add Remove
			Add Remove
_			Add Remove
	partnership or limited liabilit p* status, enter chango bere:	y limited partnership is ame	ading its "limited liabili
This Limited	i Partnership kereby elects to be	l hetimi.T willidei. I hetimi I'a e e	Partmership."

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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F. If amending any other information, o	enter change(s) here: (Attach additional sheets, (f necessary.)	
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fective date, if other than the date of filin	Tr.	_
factive date connot be prior to nor more than 90 (te.)	days after the date this document is filed by the Florida Department of	- `
enature(s) of a general partner or all go	eneral partuers*:	
-	red to sign this document unless the limited partnership is adding or	
noving a "limited liability limited partnership" ele en adding or removing a "limited liability limited	ection statement. Chapter 620, F.S., requires all general partners to sign	'n
		-
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gnature(s) of all new or dissociating get	neral partner(s), if any:	
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