Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

: LEGALZOOM.COM INC. Account Name

Account Number: I20010000062 : (323)962-8600

: (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALVICO LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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N. Culligan NOV 1 7 2010 ----

Electronic Filing Menu

COVER LETTER

Division of Corporations		
SUBJECT: ALVICO LLC		
	ited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
(Name of Person) (Area Code & Daytime Telephone Number) . nclosed is a check for the following amount:		
Tony Burroughs		despusion de minima de Principa Perri
	(Name of Person)	
Legalzoom.com, Inc		
	(Firm/Company)	
7083 Hollywood Blvd	d., Suite 180	
	(Address)	
Los Angeles, CA 90	0028	
	(City/State and Zip Code)	.
For further information concerning this matter, please of	call:	
Tony Burroughs	at (323) 962-8600	
(Name of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the following amount:		
\$25.00 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:	STREET/COURIER A	ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

10 NOV 16 AM 8: 37

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVICO LLC	d Lighility Company as It now ans	eart on our records.)
()	d Liability Company as it now app A Florida Limited Liability Compan	ý)
The Articles of Organization for this Limited L	iability Company were filed on (09/30/2010 and assigned
Florida document number <u>L10000102367</u>	···································	•
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and end will, I., C."	ith the words "Limited Liability Cou	mpany," the designation "LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered o		n our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	2955 NW 126TH AVE.,	APT. 105
		(Enter Florida street address)
	SUNRISE	, Florida 33323
	(Clty)	(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 608, 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)

-- -----

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

}	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		e(s) here: (Attach additional sheets, if necessary.)	
	ticle II. The business and mailing a		10 NOV 16
			— —
			16 AH 8
 a <u>N</u> e	avember 10th. 20	70.	16 M 8: 37

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Filing Fee: \$25.00