

L13000097765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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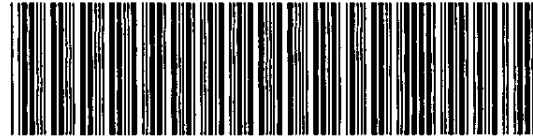
(Business Entity Name)

(Document Number)

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SEP 12 2013

D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvarez Adriana, 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:

Adriana Alvarez
Name of Person

Adriana Alvarez, LLC
Firm/Company

255 Galen Drive, # 4C
Address

Key Biscayne, Florida 33149
City/State and Zip Code

aaa1992@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Alvarez at (786) 554-4548
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

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

Alvarez Adriana, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 7/10/2013 and assigned
Florida document number L13000097765.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Adriana Alvarez, LLC

The new name must be distinguishable and end with 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)

255 Galen Drive, # 4C
Key Biscayne, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 Galen Drive, # 4C
Key Biscayne, FL 33149

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:

Adriana Alvarez

New Registered Office Address:

255 Galen Drive, # 4C Key Biscayne, FL

Enter Florida street address 33149

Key Biscayne, Florida 33149
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 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.

Adriana Alvarez

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

mGRM	Adriana Alvarez	255 Galen Drive, #4C	☒ Add
		Key Biscayne, FL 33149	☐ Remove

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

Amending company name from
Alvarez Adriana, LLC to Adriana Alvarez LLC

Dated August 30, 2013.

Adriana Alvarez C.

Signature of a member or authorized representative of a member

Adriana Alvarez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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