L14000097610

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COVER LETTER

TO: Registration Se Division of Cor		. 🖷 🐣	
ALVIN LLO			
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Horacio De Bari		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	ALVIN LLC		
		Firm/Company	
	2631 NE 165 ST		
		Address	
	North Miami Beach, 331	60	
		City/State and Zip Code	
	horaciomarc@att.net		· · · ·
For further information c	oncerning this matter, please c	to be used for future annual report notif all:	ication)
Horacio De bari		786 290 2273	
Name o	d Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	L1 \$30.00 Filing Fee & Certificate of Status	[2] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Adden		Seemas Addresses	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVIN LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number L1400007610	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	2631 NE 165 ST North Miami Beach, FL 33160
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Party 19 and I am a 14
	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>	Add	ress	Type of Action
MGR	Centurión Alejandra	2631	NE 165 ST North Miami Beach, FL 33160	= Add
				□Remove
				[] Change
AMBR	Horacio E. De Bari		NE 165 ST North Miami Beach, FL 33160	≣ Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				🗆 Add
				□Remove
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		- 		CiAdd
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· 				□Add
				[]Remove
				ClCbanne

	
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ffective date, if other than the date must be an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Department's	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 of does not meet the applicable statutory filing requirements, this date will not be listed as t
record specifies a delayed effective d Lis filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	
_ HI W	4
Sig	guature of a member or authorized representative of a member

Filing Fee: \$25.00