

L14000134115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

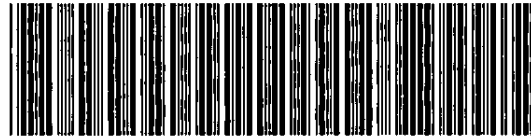
(Business Entity Name)

(Document Number)

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FILED  
15 MAY -5 AM 11:33  
FBI - MEMPHIS

M. MILLIGAN  
EXAMINER

MAY 15 2015

Curtis Alva, Esq.  
[curtis@alvalaw.com](mailto:curtis@alvalaw.com)

**The Law Office of Curtis Alva, PLLC**

901 N. Olive Ave  
West Palm Beach, FL 33401-3711

(561) 225-1599  
[www.alvalaw.com](http://www.alvalaw.com)

April 29, 2015

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

Re: Law Office of Curtis Alva, Electronic Articles of Amendment to Articles of Organization

Dear Registration Section:

The Articles of Organization for this PLLC were filed on August 27, 2014 and the Florida document number is L14000134115. I mailed today under separate cover the Electronic Articles of Amendment to Articles of Organization of the Law Office of Curtis Alva, PLLC. I neglected to include the check for the filing fee, so it is enclosed here. I am sorry for an inconvenience.



Curtis Alva

enclosure

TO: Registration Section  
Division of Corporations

SUBJECT: LAW OFFICE OF CURTIS ALVA  
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:

FILED  
15 MAY -5 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

CURTIS ALVA

Name of Person

ALVA & GLEIZER, PLLC

Firm/Company

901 N. OLIVE AVE

Address

WEST PALM BEACH, FL 33401-3711

City/State and Zip Code

CURTIS@ALVAGLEIZER.COM

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

FILED  
15 MAY -5 AM 11:30  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

For further information concerning this matter, please call:

CURTIS ALVA

Name of Person

at (561 ) 225-1599

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

X \$25.00 Filing Fee

X \$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**

Law Office of Curtis Alva, PLLC

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

FILED  
MAY -5 2014  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 27, 2014 and assigned  
Florida document number L14000134115

This amendment is submitted to amend the following:

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

**ALVA & GLEIZER, PLLC**

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:**

901 N. OLIVE AVE

**(Principal office address MUST BE A STREET ADDRESS)**

WEST PALM BEACH, FL 33401-3711

**Enter new mailing address, if applicable:**

901 N. OLIVE AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

WEST PALM BEACH, FL 33401-3711

**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: CURTIS ALVA

New Registered Office Address: 901 N. OLIVE AVE

*Enter Florida street address*

WEST PALM BEACH, FL, Florida 33401-3711

*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

Title	Name	Address	Type of Action
AMGR	GULLERMO GLEIZER	1200 BRICKELL AVE, #1450, MIAMI,FL 33131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
MAY 11 2011  
U.S. DEPT. OF JUSTICE  
FBI - MIAMI

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are two small, dark marks that appear to be staple holes or punch marks. The rest of the page is completely blank, with no handwriting or other markings.

**E. Effective date, if other than the date of filing:\_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 29, 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CURTIS ALVA

Typed or printed name of signee

15 MAY -5 AM: 38