## 1500099756

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

Divi	ision of Cor	porations		
SUBJECT:	ALVAREZ	PROPERTIES LLC		
30 <b>5</b> 31.01.		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARIA E. NODA ALVAF	REZ	
			Name of Person	<del></del>
		ALVAREZ PROPERTIE	SLLC	
			Firm/Company	
		6102 SW 159 CT	Name of Limited Liability Company  fee(s) are submitted for filing.  In this matter to the following:  NODA ALVAREZ  Name of Person  PROPERTIES LLC  Firm/Company  59 CT  Address  33193  City/State and Zip Code  ARTORELLOFFICE.COM  -mail address: (to be used for future annual report notification)  Inter. please call:  1 (786	
			Address	<del></del>
		MIAMI, FL 33193		
		VIVIANGNA DTODELLO	·	
		<del>-</del>		fication)
For further in	iformation c	oncerning this matter, please ca	all:	
MARIA E. N	IODA ALVA	AREZ		
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	MAILI	ING ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

Registration Section

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVAREZ PROPERTIES LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number L15000098756	vere filed on FLORIDA and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	SECRE IVISION 18 AUG
	520
Enter new mailing address, if applicable:	<b></b>
Mailing address MAY BE A POST OFFICE BOX)	1: 56
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	<u>Address</u>	Type of Action
MGR	EMERIO DIAZ LAMELAS	12873 SW 17TH ST	<b>=</b> Add
		MIAMI, FL 33175	☐ Remove
			Change
<del></del>			
			☐ Remove
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ective date, if other than the date effective date is listed, the date must be the date inserted in this block unnent's effective date on the Department.	does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursu ry filing requirements, this date will no	ant to 605.02 of be listed a
record specifies a delayed e he 90th day after the recor		tive time, at 12:01 a.m. on th	e earlier
ed AUGUST 2	2018		
15-00:1	enature of a member or authorized represe		

Page 3 of 3

Filing Fee: \$25.00