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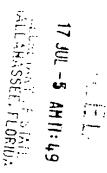
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# **COVER LETTER**

TO: Registration Division of C			·
	ALVAREZ SOD	GROUP LLC	*
SUBJECT:	Name of Limited	d Liability Company	
The enclosed Articles	of Amendment and fee(s) are submi	ited for filing.	
Please return all corres	spondence concerning this matter to	the following:	
	CHRIST	IAN L. ALVAREZ SERRA	NO
		Name of Person	
	ALVAR	EZ SOD GROUP LLC.	
		Lirm Company	
		807 SAVONA PL	
		Address	
	KISS	SIMMHE FL 34758	
		Cuy/State and Zip Code	
	E-mail address: (to l	pe used for future annual report	no((lication)
For further information	n concerning this matter, please call:		
KARLA ROMERO		407 530-929	
Nam	e of Person	Area Code Da	ytime Telephone Number
Enclosed is a check fo	r the following amount:		∧ <sup>,©</sup>
□ \$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 &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

ALVAREZ SOD GROUP LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar	ny were filed on 03/29/2017	and assigned
lorida document number <u>1.1700007147<b>6</b></u>		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u> .
		17
3. If amending the registered agent and/or registered	office address on our records, g	enter the name of the i
egistered agent and/or the new registered office address by	<u>ere</u> :	<b>3</b> (T
		FE
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<b>9 9</b>
	Enter Florida street address	
	Flori	da
	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>	Address	Type of Action
AMBR	DANIEL HERNANDEZ ALVARI	622 S. DELMONTE CT	□ Add
		KISSIMMEE FL 34758	■ Remove
			Change
			Remove
			□ Change
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<b>te:</b> If the da	te inserted	in this block	k does not r	meet the	applicab	le statute	ry tiling	requiren	ients, this	date will i	not be l	isted a
rument's effe	ective date	on the Depi	artment of S	State's ru	ecords.							
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Typed or printed name of signee

Filing Fee: \$25.00