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SECRETARY OF STATE
TALL AHASSEF FLORIDA

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## **COVER LETTER**

TO:	Registratio Division of	Section Corporations	
CUDU	Alvara	o + Strategies, LLC	
SUBJI	EC1;	Name of Limited Liability Company	
The en	closed Article	of Amendment and fee(s) are submitted for filing.	
Please	return all corr	spondence concerning this matter to the following:	
		Alex Alvarado	
		Name of Person	
		Firm/Company	
		2636 Mission Road, Suite 49	
		Address	
		Tallahassee, FL 32304	
		City/State and Zip Code	
		alex@alvaradostrategies.com  E-mail address: (to be used for future annual report notification)	
For fur	ther informati	n concerning this matter, please call:	
Alex A	Alvarado	786 436-0973	
	Na	e of Person Area Code Daytime Telephone Number	
Enclos	ed is a check f	r the following amount:	
\$2.	5.00 Filing Fe	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

Alvarado + Strategies, ELC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L17000130078	were filed on 06/14/2017	and assigned
This amendment is submitted to amend the following:		SEC:
A. If amending name, enter the new name of the limited liab	oility company here:	超量工
Alvarado Strategies, LLC		ISSE TO LE
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation .L.C.
Enter new principal offices address, if applicable:		75
(Principal office address MUST BE A STREET ADDRESS)	ELORDINE STATE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2636 Mission Road, Suite Tallahassee, FL 32304	e 49
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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