

9/21/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MDO PARTNERS
Account Number : I20130000043
Phone : (305)704-8452
Fax Number : (786)332-5426

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cmootes@mdopartners

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALVARRIO, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 24 2018

HJ80002766003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALVARRIO, LLC
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:

Richard Montes de Oca

Name of Person

MDO Corporate Services LLC

Firm/Company

175 SW 7th Street, Suite 1900

Address

Miami, Florida 33130

City/State and Zip Code

rmontes@mdopartners.com

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

For further information concerning this matter, please call:

Richard Montes de Oca

305 704 8452

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 &
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

HJ80002766003

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALVARRIO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 16, 2017 and assigned
Florida document number L17000214361

This amendment is submitted to amend the following:

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

ALV@9491 LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

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

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16 SEP 21 AM 4:30
TALLAHASSEE, FLORIDA

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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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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U.S. AIR FORCE

FILED
18 SEP 21 AM 4:30
ST. LOUIS, MISSOURI
U.S. DEPT. OF JUSTICE

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 September 21, 2018

~~Signature of a member or authorized representative of a member~~

MIGUEL ALVAREZ

Typed or printed name of signer

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