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COVER LETTER

то:						
		STERPRISES I LLC				
SUBJE	.C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please (return all correspo	ndence concerning this matter	to the following:			
	Name of Person Area Code Daytime Telephone Number sed is a check for the following amount: 25,00 Filing Fee S S30,00 Filing Fee & S60,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy					
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		MIAMI, FL 33145				
			to be used for future annual report notifi	iestion)		
For fur	ther information e		·			
Alexis Valdes			at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
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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

ALVAG ENTERPRISES 1, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000114496}{}$.	y were filed on <u>05-07-2018</u>	and assigned
This amendment is submitted to amend the following:		nation "L.L.C." or the abbreviation "L.L.C." A A A A A A A A A A A A A A A A A A A
A. If amending name, enter the new name of the limited lial	bility company here:	
ALVAG ENTERPRISES, LLC		
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or the	abbreviation "L.L,C."
Enter new principal offices address, if applicable:	N/A	ALL ZON
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:	N/A	The man and the second
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	er the name of the new
ATT 1118-1114	Florida	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

f 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 **Type of Action** <u>Address</u> <u>Name</u> <u>Title</u> _□ Add ☐ Remove ☐ Change □ Remove Change _□ Add _□ Remove _□ Change _ 🗆 Add _□ Remove ☐ Change _□ Add _□ Remove _ Change

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	ORAT III	
(If an e <u>Note:</u>	tive date, if other than the date of filing: (05-18-2018 (optional) (meetive 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, If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the ment's effective date on the Department of State's records.	.0207 (3 ed as th
the re	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90th day after the record is filed.	er of:
) Th	5/18/2018	
) Th	Signature of a member or authorized representative of a member	

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