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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2021

LEONARD FIGUEIREDO 5728 MAJOR BLVD STE 609 ORLANDO, FL 32819

SUBJECT: ALCOFORADO EUA INVESTMENT LLC

Ref. Number: L18000271601

We have received your document for ALCOFORADO EUA INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000197120.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00000501

www.sunbiz.org

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COVER LETTER

T	D: Registration Division of C			
		ORADO EUA INVESTMENT LI	.C	
SU	jвјест:	Name of Limi	ited Liability Company	 _
		of Amendment and fee(s) are sub-		
		LEONARDO FIGUEIREI		
			Name of Person	
		SOLUTION ADVISING L	LC	
		******	F., m/Company	
		5728 MAJOR BLVD - SU	ITE 609	
			Address	
		ORLANDO - FL - 32819		
			City/State and Zip Code	
		info@solutionadvising.com	to be used for future annual report notifi	imeion)
,,	- C - A C - C		•	(Carlott)
1.0	r turtner intormatioi	n concerning this matter, please ca	ui:	
LEONARDO FIGUEIREDO			407 286-5595 at () Area Code Daytime	
	Nam	e of Person	Area Code Daytime	Telephone Number
En	closed is a check fo	r the following amount:		
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (. ditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

2021 JAN 25 PM 12: 56

ALCOFORADO EUA INVESTMENT LLC

(Name of the Limited L. (A F	ability Company as it now appears on our record forida Limited Liability Company)	S.P. () (A. 11) S. S. (15 T F)
The Articles of Organization for this Limited Liabili		
		and assigned
Florida document number		
his amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Fifth Seven Construction Group 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 A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
-		
B. If amending the registered agent and/or r	registered office address on our records	s, enter the name of the
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
None Designation of Overage Address		
New Registered Office Address:	Enter Florida street addres.	δ
_	, Flo	orida Zip Code
	, w	rap Cina

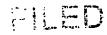
New Registered Agent's Signature, if changing Registered Agent:

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	2021 JAN 25 PM 12: 56	Type of Action
			SECRETATE TABLE OF STATE	Add
				🗖 Remove
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Tective date, if other than the one offective date is listed, the date must tee: If the date inserted in this blocument's effective date on the De	ck does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.020 listed a
record specifies a delayed The 90th day after the reco		t an effective time, a	t 12:01 a.m. on the ea	ırlier (
28 OCTOBER	2020			
ted	DocuSigned by:	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00