118000277362

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

	Division of Cor	porations	•				
SI		/MICHELETTI FAMILY LLC					
SUBJECT:Name of Limited Liability Company							
Th	ic enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Ple	ease return all correspo	ndence concerning this matter	to the following:				
		Claude R. Moulton					
			Name of Person				
		Moulton Bosshardt, LLC					
			Firm/Company				
		235 West 5th Street					
			Address				
		Jacksonville, FL 32206					
			City/State and Zip Code				
		claude@mblawoffices.com					
			to be used for future annual report notifi-	cation)			
Fo	r further information co	oncerning this matter, please ca	all:				
C	laude R. Moulton		904 349-6822 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
En	oclosed is a check for th	e 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 tadditional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

ALVAREZ/MICHELETTI FAMILY LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on November 30, 2018 and assigned
Florida document number L18000277362	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
	Fig. 7
Enter new mailing address, if applicable:	LAST AS T
(Mailing address MAY BE A POST OFFICE BOX)	\$55 TO
	100 23
	tered office address on our records, enter the some of the new
registered agent and/or the new registered office addi	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bertrand J. Heuser, Jr.		
		1498 W. Hwy 318 Williston, FL 32696	■ Remove
			Change
MGR	Dr. Luis Alvarez	1498 W. Hwy 318 Williston, FL 32696	■ Add
			☐ Remove
			□ Change
			Remove
			Change
			Add
		 	□ Remove
			And J
			JAN O
			SSEE. FLORIDA
			Or Change
			
			Remove
			☐ Change

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Effective	date, if other	than the date	of filing:			(ontio	nal)	
Note: If t	ve date is listed, the date inserted is effective date	in this block do	es not meet th	e applicable stat	f filing or more th utory filing req	an 90 days after f uirements, this (nal) lling.) Pursuant to 60 date will not be lis	5.020 ted a
	d specifies a Oth day after			but not an ef	fective time,	, at 12:01 a.	m. on the earli	ier c
Dated	nuary 8	n AM		9				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00