L18000277362

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

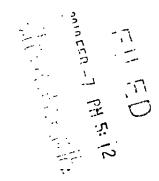
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COVER LETTER

TO: Registration of Division of	on Section f Corporations
Alvare	ez/Micheletti Family LLC
30jaze1	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence 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
For further informat	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:
Claude Moulton	904 349-6822 at ()
Na	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) 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 OF

Alvarez/Micheletti Family, 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 Florida document number $\frac{L18000277362}{L18000277362}$	were filed on November 30, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14986 West Hwy 318		
(Principal office address MUST BE A STREET ADDRESS)	Williston, FL 32696		
		·	
Enter new mailing address, if applicable:	14986 West Hwy 318		
(Mailing address MAY BE A POST OFFICE BOX)	Williston, FL 32696		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records,	enter the name of the new	
New Registered Office Address:			
	Enter Florida street address		
	rae -	da	
	, Flori , Flori	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	, Flori	Zip Code	

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	Type of Action
			Remove
			Change
			
			Remove
			Change
			Add
			☐ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00