

W19000125349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

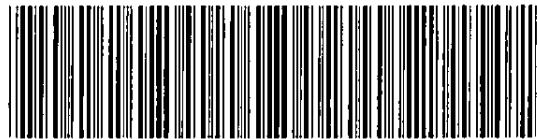
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/24--01013--011 **25.00

9/1/24
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2024 AUG 30 AM 11:20
CLERK OF COURT
FOR THE DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALVABOX INVESTMENT 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:

JAIME PARLADE

Name of Person

PARLADE SCHAEFER SCHORTZ

Firm/Company

5975 SUNSET DRIVE SUITE 802

Address

MIAMI, FL 33143

City/State and Zip Code

ACCOUNTING@PSSCPAS.COM

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

For further information concerning this matter, please call:

JAIME PARLADE

305 670-0400
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DIVISION OF CORPORATIONS
JAN 11 2007
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALVABOX INVESTMENT 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 05/08/2019 and assigned Florida document number L19000125349.

This amendment is submitted to amend the following:

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

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: _____

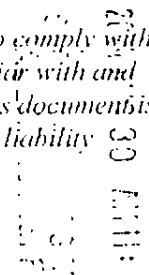
New Registered Office Address: _____

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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MCH.

AMH

Item	Quantity	Unit Price	Total Price
<input type="checkbox"/> Add	1	1.00	1.00
<input type="checkbox"/> Remove	1	1.00	1.00
<input type="checkbox"/> Change	1	1.00	1.00
<input type="checkbox"/> Add	1	1.00	1.00

[illegible]


(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)

Government is effective only if the state is perceived as a source of security.

(12) _____

2024

ed AUGUST 26 2024

 Signature of a member or author

Signature of a member or authorized representative of a member

JAIN P. PARLADE

Typed or printed name of signee

2023/11/23 11:20
11/23/2023