

L19 0000242419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

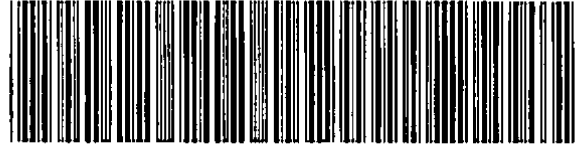
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100376347881

11/12/21--01015--013 **25.00

21 NOV 12 PM 3:16

T. MATTHEWS

NOV 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE INVESTMENTS ZV, 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:

ZAIDA VALDEZ

Name of Person

ALLIANCE INVESTMENTS ZV, LLC

Firm/Company

12960 SW 17TH ST

Address

MIAMI, FL 33175

City/State and Zip Code

lentinmontez@gmail.com

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

For further information concerning this matter, please call:

ZAIDA VALDEZ

786

342-5680

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(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

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

21 NOV 12 PM 3:16

ALLIANCE INVESTMENTS ZV, 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 09/25/2019 and assigned
Florida document number L19000242419.

This amendment is submitted to amend the following:

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

N/A

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:

12960 SW 17TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33175

Enter new mailing address, if applicable:

12960 SW 17TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33175

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:

N/A

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

If recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

21 NOV 12 PM 3:16

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	ZAIDA VALDEZ	12960 SW 17TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SEC	OSCAR G MARQUEZ	2146 BOLERO AVE	<input type="checkbox"/> Add
		HAYWARD, CA 94545	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	OSCAR MARQUEZ	12960 SW 17TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 NOV 12 PM 3:16

THE REASON OF THIS AMENDMENT IS FOR CHANGE THE ADDRESS CORPORATION, AND

MOVED OF POSITION : ZAIDA VALDEZ-PT

OSCAR MARQUEZ-VP

AND REMOVED : OSCAR G MARQUEZ -SEC

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

October 12, 2021

Signature of a member or authorized representative of a member

ZAIDA VALDEZ

Typed or printed name of signee

Filing Fee: \$25.00