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Y. SCOTT
JUN 1 8 2023

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: CA	RMEN F	ALVAREZ	LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARMEN	F AluARE	EZ
	CARMEN	FONSECA AL	VAREZ LLC
	8512 N	GOMEZ AVE	2023 HAY - 1
	TAMPA	FL 3360 City/State and Zip Code AMPA SIGNATURE Sto be used for future annual report notificall:	SERVICES OF 16
	CHARY CO T E-mail acdress: (1	AMPA SIGNATURE	SERVICES, COFF, 5
For further information of	concerning this matter, please ca	all:	
( ARMEN Name of	F Alvarez	at (S13) S0S Area Code Daytime	- 5894 Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	<u>ss:</u> Section	Street Address: Registration Sec	ction
Division of O P.O. Box 632	Corporations	Division of Cor The Centre of T	porations
I.O. DOA OJ	<b>→</b> f	. 110 Contro Of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARMEN F. ALV	VAREL LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number 12100031588	any were filed on $\frac{1/19/2021}{2021}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	iability company here:
CARMEN FONSECA AL	LVAREZ, LLC
The new name must be distinguishable and contain the words "Limited Lia	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	023
(Principal office address MUST BE A STREET ADDRESS)	
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OF FICE BOX)	
	mi 6
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registerec</u>
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

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	1	ype of Action
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he record : ord is filed		ed effective date,	but not a	n effective (	time, at 12	2:01 a.m. o	n the earlier	rof:(b) Th	e 90th da	y after th	e
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		Signat	ure of a m	ember or auti	horized rep	resentative	of a member				
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Filing Fee: \$25.00