## L21000486807

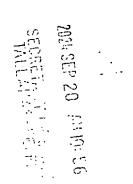
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## **COVER LETTER**

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OLID IDZYE	Lopez & F	Mexandre Investment Group I.	.LC	
SUBJECT: _		Name of Lin	nited Liability Company	·············
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return :	ill correspo	ndence concerning this matter	to the following:	
		Danny Javier Lopez Bedo	oya	
			Name of Person	
		Lopez & Alexandre Inves	stment Group LLC	SECULE SERVICES
	THE SE			
		1860 N Pine Island Rd. S	te lil	
		<del></del>	Address	0,1
		Plantation, FL 33322		T. C.
			City/State and Zip Code	15
		alvidgroup@gmail.com		
		E-mail address: (	to be used for future annual report no	dification)
For further inf	ormation co	oncerning this matter, please c	all:	
Danny Javier Lopez Bedoya		954 330-7694		
	Name of	Terson	at () Area Code Daytir	ne Telephone Number
Enclosed is a	theck for th	e following amount:		
■ \$25.00 Fil	ling 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)
	ing Address		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	rporations	
	Box 632		The Centre of	
I alla	ahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lopez & Alexandre Investment Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/12/2021 The Articles of Organization for this Limited Liability Company were filed on and assigned L21000486807 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alvid Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6520 US Hwy 301 S, Ste 112-L Enter new principal offices address, if applicable: Riverview, FL 33578 (Principal office address MUST BE A STREET ADDRESS) 521 Vine St Enter new mailing address, if applicable: Fort Mill, SC 29707 (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

## 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, name, 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
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effective date is listed, the date must b	ate of filing:  e specific and cannot be prior to date of file  k does not meet the applicable statuto	ling or more than 90 days after fil	ing.) Pursua	nt to 605.02 t be listed:
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	gnature of a member or authorized repre-			

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Filing Fee: \$25.00