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## **COVER LETTER**

. Registration Section **Division of Corporations** 

601 WEST	ALVERDEZ LLC		
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ndence concerning this matter	to the following:	
	ANTONIO R. PEREZ		
		Name of Person	
	MCGAHEE & PEREZ, PI		
		Firm/Company	
	417 W SUGARLAND HV	ΥΥ	
		Address	
	CLEWISTON, FL 33440		
		City/State and Zip Code	
	correspondence@mcgaheep		
	E-mail address: (	to be used for future annual report	notification)
further information c	oncerning this matter, please co	all:	
TONIO R. PEREZ		863 983-167	
Name o	f Person	at () Area Code Dag	dime Telephone Number
osed is a check for th	ne 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 TOARTICLES OF ORGANIZATION **OF**

601 WEST ALVERDEZ LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on  $\underline{\underline{\mathsf{March}}}$  1, 2022 and assigned ida document number 1,22000105809 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) lf amending the registered agent and/or registered office address on our records, enter the name of the new registered

nt and/or the new registered office address here:

Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	··	2632	
	, Florida			• • • •
	City	: Zi	v Code	, ;

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to c**o**mply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familian-with and . pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. Thereby confirm that the limited li $ar{a}ar{b}$ ility pany has been notified in writing of this change.

Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
R	ANTONIO R. PEREZ	417 W SUGARLAND HWY	<b>=</b> Add
		CLEWISTON, FL 33440	Remove
			□ Change
R	WILLIAM MCGAHEE	417 W SUGARLAND HWY	□Add
		CLEWISTON, FL 33440	
			□ Change
			□ Add
			□Remove
			□ Change
			□Remove
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			🗀 Remove
			□ Change

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Signature of a member or authorized representative of a member		· -	·			

Filing Fee: \$25.00