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(F	Requestor's Name)			
(<i>F</i>	ddress)			
	Address)			
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(0	City/State/Zip/Phone #)	 -		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer;				
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9/7/22

COVER LETTER

TO: Registration Sectorial Division of Corporation			
SUBJECT:	ALVO GROC Name of Limi	OR TATELANT	JUAN JAMOZ
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	DOSE CC	OVIK	
		Name of Person	
		Firm/Company	
	105 Dinass	court	
	•	Address	
	roval Dalm	wach 71 33	411
		City/State and Zip Code	
	E-mail address: (t	7690 and .Co	cation)
For further information cor	ncerning this matter, please ca		
		511 -12	2700
Name of I	Person	at (36) 313- Area Code Daytime	Telephone Number
			·
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	sion.
Registration Se Division of Co		Registration Sect Division of Corp	
P.O. Box 6327	•	The Centre of Ta	llahassee
Tallahassee, FI	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP -7 731 ID: 12 The Articles of Organization for this Limited Liability Company were filed on 122000 226371 and assigned Florida document number _0511312027 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

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	Type of Action
MOF	Vancssa lopez	11818 greenbier circle	[%Add
		11818 greenbrior circle	□Remove
			□ Change
Mpl	Lorena calvo	105 Pinces cant	□Add
		royal palm brach Fl	<u> </u>
		334\\	Change
			\[\] \[
			□Remove
			Change
			□Add
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lote: If the date is	other than the date of filing: listed, the date must be specific and cannot be prior to date of filing or more than 90 nserted in this block does not meet the applicable statutory filing requirer we date on the Department of State's records.	(optional)) days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
record specifies a l is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
ated SQ	; and 2022.	
	Signature of a manner or authorized representative of a member	xer
	-1/14	