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COVER LETTER

TO: Registration Sec Division of Corp				
	RICHARD.	ALVAREZ LLC		
SUBJECT:	·	, *	•	
	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		RICHARD ALVAREZ		
		Name of Person		
		RICHARD ALVAREZ LLC		N =
		Firm/Company		2 A
		733 W. COLONIAL DR		22 AUG 31 P
		Address		 (
		ORLANDO, FL 32804		22 AUG 31 PM 4: 08
	INFO@N	City/State and Zip Code IODERNSOLUTIONSGROUP.	NET	: 08
	E-mail address: (to be used for future annual report in	otification)	
For further information c	oncerning this matter, please c	all:		
RICHARD	ALVAREZ	407	813-3581	
Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed is a check for the	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 Certificate of Certified Cop (additional copy	Status &
Mailing Address		Street Address: Registration		
Registration Section		Division of C		
Division of Corporations P.O. Box 6327			f Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHARD ALVAREZ LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) July 14, 2022 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned 1.22000312063 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: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li.C" or the abbreviation "Li.eC. 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: 733 W. COLONIAL DR New Registered Office Address:

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.

ORLANDO:

City

Enter Florida street address

_____, Florida ____

If amending Authorized Person(8) 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
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			□ Remove
			□ Change
			□ Add
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cord spec s filed.	cifies a delayed effective date,	but not an effective time, a	t 12:01 a.m. on the earlier o	f: (b) The 90th day at	ter th
ed	August 23rd	2022			
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