11/6/23, 1:27 PM

Division of Corporations

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(((H23000385235 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383 ·

From:

Account Name : TAX ZONE INC.

Account Number : I20190000044

Phone : (407)888-3131

Fax Number

: (888)453-0509

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Of Counton't @ tax 300 PC CEM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALVAR INVESTMENT LLC

Certificate of Status	0
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NSV - 7 2023

### **COVER LETTER**

TO:	Registration Sec Division of Corp						
SIID NG/	ALVAR EV	ESTMENT LLC		•			
SUBJECT: Name of Limited Liability Company							
The enci	losed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspon	dence concerning this matter	to the following:				
	ALVAREZ, R!CARDO						
	•		Name of Person		•		
	•						
	•		Firm/Company		•		
321 LAKEVIEW I			APT 204				
			Address				
		WESTON, FL 33326		:			
City/State and Zip Code  ACCOUNTANT@TAXZONEFL.COM							
		_	to be used for future annual report	notification)			
For furth	er information co	ncerning this matter, please co	all:				
ALVAR	EZ, RICARDO		407 888-3131 at ( )	I			
	Name of I	Person	Area Code Day	rime Telephone Number			
Enclosed	l is a check for the	following amount:					
<b>■ \$2</b> 5.	00 Piling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Section Corporations of Tallahassee nroe Street, Suite 8	10			

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVAR INVESTMENT LLC				·	
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now a Liability Compi	onears on our reco my)	rds.)	
The Articles of Organization for this Limited Liability Company were filed on 02/06/2023 and assigned Torida document number L23000065185					
: This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility compan	v here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company,"	the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		····		
(Principal office address MUST BE A STRE	ET ADDRESS)	· 		25.	
:				<u> </u>	
:				1	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	BOX)		<del></del>	:	
:		<del>.</del>			
B. If amending the registered agent and/or agent and/or the new registered office address.		_		r the name of the new register	
Name of New Registered Agent:	<del></del>		<u> </u>		
New Registered Office Address:	321 LAKEVIE		)4 Florida street addr	שרי	
	WESTON	:			
•		City	, F	Florida 33326 Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		•		
hereby accept the appointment as register provisions of all statutes relative to the propositions of my position as registers of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as p registered office	performanc provided for	e of my duties, i in Chapter 605	and I am familiar with and , F.S. Or. if this document is	

Change

□∧dd

□Remove

 $\Box$ Change

# 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>	<u>Address</u>	Type of Action					
MGR	ALVAREZ, LORENZO	321 LAKEVIEW DRIVE APT 204	□∧dd					
; ; ;		WESTON, FL 33326	■Remove					
			□ Change					
MGRM	VARGAS, LAURA	321 LAKEVIEW DRIVE APT 204						
		WESTON, FL 33326	□Remove					
		<u> </u>						
MGRM	ALVAREZ, RICARDO	321 LAKEVIEW DRIVE APT 204	□Add					
		WESTON, FL 33326	□Remove					
ļ			GChange					
			□Add					
		:	□Remove					
			□Change					
			∏Add					
		!	□Remove					

o:

From: Tax Zone