## 23000137588

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(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	04,709,723
(Document Number)  Certified Copies Certificates of Status	
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

ALVAREZ	ABA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIANYS ALVAREZ		
		Name of Person	
	ALVAREZ ABA LLC		
		Firm/Company	<del></del>
	8133 NW 198TH ST		
		Address	· ·
	HIALEAH, FL 33015		
		City/State and Zip Code	····
	ALVAREZELIANYS@GM	1AIL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
ELIANYS ALVAREZ		at (796) 449-9	8157
Name of Person		at ( <u>766)</u> <u>446 - 6</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVAREZ ABA LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L23000137588	vere filed on 03/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 F
(Principal office address MUST BE A STREET ADDRESS)		P 20
		e
		P
Enter new mailing address, if applicable:		mi - inde
Mailing address MAY BE A POST OFFICE BOX)		7 72
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B. If amending the registered agent and/or registered office ad	idress on our records, enter the n	ame of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

## 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 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
MGR	ELIANYS ALVAREZ	8133 NW 198 ST	≣ Add
		HIALEAH, FL 33015	□Remove
			Change
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Effective date, if other than	the date of	Glinge			(optiona	I)	
if an effective date is listed, the date	must be speci	fic and cannot be			90 days after filir	ig.) Pursuant to 605	
Note: If the date inserted in the document's effective date on the				tory filing requir	ements, this da	te will not be list	ed as
e record specifies a delayed effe	ective date. b	ut not an effect	ive time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th day afte	r the
rd is filed.	, -		,			,	
Dated APRIL 11		2023	·				
		<2 a a	_				
		OHAGEN	(A)	esentative of a me	_1		
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