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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Alvin Sar	ted Liability Company	·	
The enclosed Articles of A	Amendment and feets) are sub	mitted for filing.		•
Please return all correspor	ndence concerning this matter	to the following:		
	Alvin Sa	Name of Person		
		Firm/Company		
	31634 Sa	addle Lane		202
	Wesley C	hapel FL 335	43	39.3 App
	Alvin 100 40	hapel FL 335 City/State and Zip Code Dynail. Com to be used for future annual report notifi	ication)	5 PH 2: 4
For further information co	oncerning this matter, please c		72	£
Alvin Sa	oto s	917 929-1	na <i>u<</i>	
Name of	Person	at (<u>917</u>) <u>939-0</u> Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 Statu Certified Copy (additional copy is encl	
Mailing Address Progression S		Street Address:	tion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alvin Santos LLC (Name of the Limited Liability Company) (A Florida Limited Liability)	v as it now appears on our records)		
(A Florida Limited Lia	ibility Company)		
The Articles of Organization for this Limited Liability Company w	were filed on $3/22/2023$	and assigned	
Florida document number <u>L 23 000 146 116</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company "the designation "I I (" or the abbrev	intion "F.L.C."	
	y company. The designation 2500 of the above.	~	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	-		
		-n +]	
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
		=	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of	the new registered	
Name of New Registered Agent:	···		
New Registered Office Address:			
Non Regimeted Office Fledings.	Enter Florida street address		
	, Florida		
	City 2	Lip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am fami ovided for in Chapter 605, F.S. Or, if th	iliar with and his document is	

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>	Name	Address	Type of Action
AMBR	Alysia Santos	31634 Saddlelane	□Add
		Wesley Chapel FL 335	43 Remove
			□Change
MGR	Alvin Santos	31634 Saddle lane	□Add
		Wesley Chapel FL 3354	13 🗆 Remove
			⊠ Change
AMBR	Alvin Santos	31634 Saddle lane Wesley Chapel FL 335	\alpha\dd
		Wesley Chapel FL 335	43 □Remove
			□ Change
			202d A.P.?
			□Remove
			Change
			□ Add
			□Remove
			□ Change
·····			□Add
			□Remove
			□ Change

D. If and	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,) /	
	Removing Alysia Santos From LLC and Changing Alvin Santos From MGR TO AMBR.	,	
	AMBR		
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:		
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The led.	90th day after th	.e
Dated	April 1st 2023	2023 APR	
	Olypia Santon Signature of a member or authorized representative of a member		* *
	Alusia Santos Alvin Santos	PH 2:	
	Typed or printed name of signee		