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TAIL ADARS OF STATE

COVER LETTER

TO: Registration Division of (n Section Corporations	9
SUBJECT:,	ALV 1570 LLC Name of Limited Liability Company	•
The enclosed Articles of Please return all corres	of Amendment and fee(s) are submitted for filing. Spondence concerning this matter to the following: AShley Ventre	
	Name of Person	_
	ALV 1570 LLC	
	2410 In let DR Ft. Lauderdale, Ft 33316	-
For further in face.	City/State and Zip Code A VENTE E OMA CÉ É-mail address: (to be used for future annual report notification)	
AShley Name of	Forcerning this matter, please call: Ventre	EP-7 AM 9:
Enclosed is a check for the	e following amount:	다. 2 <mark>0</mark>
☐ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certified Copy (certified Copy (additional copy is enclosed)	of Status &
Mailing Address: Registration Se Division of Cor P.O. Box 6327	ection Street Address: Registration Section	

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

ALV	1570	LLC	
(<u>Name of the Limited Liabilit</u>	y Company as it no	ow appears on our records.)	
(A Florida	Limited Liability C	Company)	

The Articles of Organization for this Limited Liability Company were filed on 8/15/2023 and assigned Florida document number 423000380574

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	the designation "I	LC" or the above to the above t	SEP -7 AM 9:	Ci
Principal office address MUST BE A STREET ADDRESS)	-	LABASSEE FLAT	بغ	2000
		13. 25. 24. W. 19. 25. 24. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	بغ	
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mer new maning address, if applicable.			<u>ω</u>	
Mailing address MAY BE A POST OFFICE BOX)				
 If amending the registered agent and/or registered office address on or gent and/or the new registered office address here: 	ur records, <u>ent</u>	ter the name of	the new	regis
Name of New Registered Agent:				
New Registered Office Address:	-			
Enter	Florida street ada	dress		
City		Florida	Zin 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>	<u>Address</u>	2410	InletDe	Type of Action
<u>AMB</u> R	Ashley Ven	tre	Ft. Lau	iderdale, FL	3331 6
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lote: If the date inse	ner than the date of ad, the date must be speci rted in this block does date on the Departmen	s not meet the app	olicable statutory	23 g or more than 90 de filing requireme	_ (optional) ays after filing.) nts, this date w	Pursuant to 60 vill not be lis	95.020° sted as
record specifies a de l is filed.	layed effective date, b	ut not an effectiv	e time, at 12:01	a.m. on the earlie	rof:(b) The	90th day afte	er the
ated <u>8/31/</u>	2023 (Anho	,					
	Soll	e of a member or a	/ \				
	Signatur	e of a member of a	utnorizea represen	tative of a member			

Filing Fee: \$25.00