## 100000117891

| (Requestor's Name)                      |
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D. BRUCE
JAN 0 9
EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SURJECT

HVA Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn Mathis

Name of Person

Harbor View Advisors, LLC

Firm/Company

822 A1A North Suite 200

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

cmathis@hvadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Adams

904 285-4278

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AVA Holdings, LLC  |   | -                               |
|--|---|---------------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears on our record<br>Limited Liability Company) | <u>18.</u> )                    |
| The Articles of Organization for this Limited Liability (Florida document number L06000117891    | Company were filed on <u>12/11/2006</u>                                 | and assigned                    |
| This amendment is submitted to amend the following:  |   |                                 |
| A. If amending name, enter the new name of the lim   | nited liability company here:   |                                 |
| The new name must be distinguishable and end with the wo   | ords "Limited Liability Company," the designa                           | ttion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |   |                                 |
| (Principal office address MUST BE A STREET ADD   | RESS)   |                                 |
| Enter new mailing address, if applicable:  |   |                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | S 8 1                           |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |   | enter the name of the new       |
| Name of New Registered Agent:  |   |                                 |
| New Registered Office Address:   | Enter Florida stre  | pet address                     |
|  |   |                                 |
|  | , Flori<br>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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name  Davidas Malahaisasa |  | Type of Action |
|--------------|---------------------------|--|----------------|
| MGRM         | Douglas Melsheimer        | 35 Ponte Vedra Circle  | Add            |
|              |                           | Ponte Vedra, FL 32082  | Remove         |
|              |                           |  | -              |
|              |                           |  | Add            |
|              |                           |  | Remove         |
|              |                           |  | -              |
|              |                           |  | Add            |
|              |                           |  | _ Remove       |
|              |                           | 2000<br>From (2000)<br>2000)   | ZA Add         |
|              |                           | から<br>の<br>の<br>で<br>門<br>で<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア<br>ア | Remove         |
|              |                           | C080)  | - Company      |
|              | 44.4                      |  | Add            |
|              |                           |  | Remove         |
|              |                           |  | _              |
|              |                           |  | Add            |
|              |                           |  | Remove         |
|              |                           |  |                |

| D. If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
| Dated _ | JANUARY 7 , 2013.  |
|         | v Ob Mit   |
|         | Signature of a member or authorized representative of a member                                 |
|         | Carolyn Mathis   |
|         | Typed or printed name of signee  |

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Filing Fee: \$25.00

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