

L15000122101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

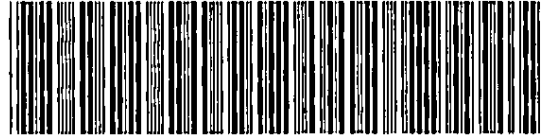
(Business Entity Name)

(Document Number)

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FILED
17 DEC 22 PM 12:41
TALLAHASSEE FLORIDA

J. LEGGETT
DEC 22 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVISE GROUP 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:

PAUL VATTIATO

Name of Person
AVISE GROUP LLC

Firm/Company
400 SW GOLFVIEW TERRACE APT 110

Address
BOYNTON BEACH FL 33426

City/State and Zip Code
paulvattiato@avisegroup.com

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

For further information concerning this matter, please call:

PAUL VATTIATO 561 313 1258

Name of Person at (_____) _____
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**

AVISE GROUP LLC07

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/16/2015 and assigned
Florida document number 1.15000122101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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17 DEC 22 PM 12:41
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEREY PARNES	5101 HIGHWAY A1A, HARBOR I	<input type="checkbox"/> Add
		ORCHID ISLAND, FL 32936	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEBORAH JEANNINE VATTIAT	400 SW GOLFVIEW TERRACE ,	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

17 DEC 22 PM 12:41

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Dec 18th 2017.

Handwritten signature: Paul Vattiato Managing Member

Signature of a member or authorized representative of a member

PAUL VATTIATO

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000122101
FILED 8:00 AM
July 16, 2015
Sec. Of State
tbrown

Article I

The name of the Limited Liability Company is:

AVISE GROUP LLC

Article II

The street address of the principal office of the Limited Liability Company is:

400 S.W. GOLFVIEW TERRACE
#10
BOYNTON BEACH, FL. US 33426

The mailing address of the Limited Liability Company is:

400 S.W. GOLFVIEW TERRACE
#10
BOYNTON BEACH, FL. US 33426

Article III

The name and Florida street address of the registered agent is:

PAUL VATTIATO
400 S.W. GOLFVIEW TERRACE
10
BOYNTON BEACH, FL. 33426

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PAUL VATTIATO

VATTIATO, PAUL
400 S.W. GOLFVIEW TERRACE, #10
BOYNTON BEACH, FL 33426

Annual Reports

Report Year	Filed Date
2016	07/11/2016
2017	01/08/2017

Document Images

01/08/2017 -- ANNUAL REPORT	View image in PDF format
07/11/2016 -- ANNUAL REPORT	View image in PDF format
07/16/2015 -- Florida Limited Liability	View image in PDF format

Article IV

**L15000122101
FILED 8:00 AM
July 16, 2015
Sec. Of State
tbrown**

The name and address of person(s) authorized to manage LLC:

Title: MGR
PAUL VATTIATO
400 S.W. GOLFVIEW TERRACE, #10
BOYNTON BEACH, FL. 33426

Title: MGR
KEREY PARNES
5101 HIGHWAY A1A, HARBOR ISLAND CLUB #305
ORCHID ISLAND, FL. 329636

Signature of member or an authorized representative

Electronic Signature: SHARI J. ODENHEIMER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.