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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone #	<del>/</del> )
PICK-UP	[☐] WAIT	☐ MAIL
		********
(Busin	ess Entity Name	(2)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of C	Corporations	•	.a		
SUBJECT:	AVJR INV	ESTMENTS, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		Name of Person			
		Firm/Company	<del></del>		
325 S. Biscayne Blvd #2114					
		Address			
	Miami, FL 33131				
City/State and Zip Code					
	E-mail address: (	renatov18@aol.com to be used for future annual report notific	ation)		
For further information	n concerning this matter, please of	call:			
R	tenato G. Vieria		19-2500		
Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
	ILING ADDRESS:	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

. TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited )	JR INVESTI Liability Compan Florida Limited Li	MENTS, LLC y as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Lia	bility Company	were filed on	02/02/2012	and a	assigned	
Florida document numberL12000015	705					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here	<b>:</b>			
AQUI.	US FOOD EQ	UIPMENT, LLC	•			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compan	y," the designation '	'LLC" or th	e abbreviation	
Enter new principal offices address, if applicable:		9016 N.W. 25	TH ST #13			
(Principal office address MUST BE A STREET	Miami, FL33172					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>					
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:			ur records, <u>enter</u>	the name	of the new	
Name of New Registered Agent.				E SE		
New Registered Office Address:	9016 N.W. 2	STH ST #13	er Florida street ad	Idrace	<	
		MIAMI		<u> </u>	172	
		City	, Florida _	Cap C	PROCESSES	
New Registered Agent's Signature, if changing R	egistered Agent:	•		TATE ORIDA		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add \_\_\_Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Renato G. Vieira Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00