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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Aven Name of Limite	od Liability Company	L.C
The enclosed Articles o	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
		Name of Person	
	A	Firm/Company	S L.L.C_
	11989 SW 1	Address Apt	F 107-11989
	Pembroke f	City/State and Zip Code	25
	info avenir S E-mail address: (to	er Vias a pma be used for future annual report not	it. Com
For further information	concerning this matter, please call	:	
Luis 6	In 20 la of Person	at (<u>786</u>) <u>651</u> Area Code Daytime	- 1661 e 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)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Avenix Services L.L.C

(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number $\underline{L21000296907}$	led on $\frac{97/01/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	sany the designation "LLC., or the abbreviation "L.L.C.,
Enter new principal offices address, if applicable:	202 5E0
(Principal office address MUST BE A STREET ADDRESS)	
	N WARM
	SSE A
Enter new mailing address, if applicable:	Tro Fig.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Ciţ	Zip Code

8 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>	Type of Action
<u>CMO</u>	Luis Jose Anzola Ortiz	11989 SW 14+65+ AP	+ 107- Exdd
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ective date, if other than the	date of filing:			(optional)	
effective date is listed, the date mu-	st be specific and cann	ot be prior to date of	filing or more than 90) days after filing)	Pursuant to 605,0
c: If the date inserted in this blument's effective date on the D	epartment of State	me applicable stati s records,	nory filing require	nents, this date v	vill not be listed
cord specifies a delayed effectiv (filed.	e date, but not an e	ffective time, at 12	2:01 a.m. on the ear	lier of: (b) The	:90th day after)
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