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SECRETARY OF STATE
SELLAHASSEE, FLORID

J. BRYAN

DEC -3 2010

EXAMINER

COVER LETTER

Division of Corpor	ations			
SUBJECT:	AVA Ma	ınagement LLC		
Sobsect.		ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Gary Abriola		
-		Name of Person		-
	Δ	VA Management LLC		
-	Firm/Company			
				30 5
	800 Semoran Park Drive			居品 一種
		Address		到了一
	Wir	nter Park, Florida 32792	2	DEC-2 MIII: 10 DEC-2 MIII: 10
-		City/State and Zip Code	-	
-	E-mail address: (to be used for future annual report	notification)	
For further information conc	erning this matter, please o	call:		-
Gan	y Abriola	at (561)	414-4130	
Name of Pe			aytime Telephone Numb	 er
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 Ma	inagement LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	nited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Con Florida document number L0000008771	mpany were filed on	July 25, 2000	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter t	of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ei	nter Florida street addi	ress	
	, 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 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 **Type of Action Address** Title Name MGRM Ronald Abriola 800 Semoran Park Drive ☐ Add Winter Park, Florida 32792 ∇ Remove Dennis Abriola MGRM 800 Semoran Park Drive ☐ Add Winter Park, Florida 32792 ✓ Remove ☐ Add _ Remove Remove ∴∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Ry Hory Urura MGRM Signature of a member or authorized representative of a member Gary Abriola Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00