## K03000046332

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Avesta Propo	ecties, LLC led Liability Company	·····
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
	Bom	CA Name of Person	
	Novro	02 Properties,	LLC
	290 M	16 Guinness Bly Address	<u>1d.</u>
	Brook	CityO, NY 1122	2
	totalE-mail address: (i	_const@yahoo.a	em cation)
For further information co	oncerning this matter, please ca	dt:	
Bome of	Najmi Person	at ( <u>718</u> ) <u>383</u> - Area Code Daytime	しる 3し Telephone Number
Enclosed is a check for th	e 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

Avesta Propert  (Name of the Limited Liability Compa (A Florida Limited)	iny as it flow appears on our reco- Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 10/21/2	3019 and assigned
Florida document number <u>L030000463</u> 32		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		78. 33.
Principal office address MUST BE A STREET ADDRESS)		至夏丁
		A 3
		SEE SEE
Enter new mailing address, if applicable:	<u>-</u>	
Mailing address MAY BE A POST OFFICE BOX)		
		<b>D</b> '
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		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>	Address	Type of Action
MGR	Pervez Najmi	T705 INDIAN PLOGE TRAILA KISSIMMEE, FL 3474	Add
		KISSIMMEE FL 3474	·7_□ Remove
			Change
			Add
			☐ Remove
			☐ Change
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			Remove
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Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90-  ote: If the date inserted in this block does not meet the applicable statutory filing requirem ocument's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605,020 nents, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	12:01 a.m. on the earlier o
Signature of a member or authorized representative of a member	
Ley J. May	
Signature of a member or authorized representative of a member	er

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Filing Fee: \$25.00