

L04000042273

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
12 AUG 16 AM 10:21

AUG 17 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2ND AVE HOLDINGS, 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:

ADA DE VARONA

Name of Person

2ND AVE HOLDINGS, LLC

Firm/Company

P.O. BOX 450038

Address

MIAMI, FL 33245

City/State and Zip Code

DEVARONA23@GMAIL.COM

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

For further information concerning this matter, please call:

ADA DE VARONA

Name of Person

at (786)

200-0677

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 AUG 16 AM 10:21

2ND AVE HOLDINGS, LLC

(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 08/04/2004 and assigned
Florida document number L04000042273.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2960 SW 17 STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33145

Enter new mailing address, if applicable:

P.O.BOX 450038

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33245

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:

ADA DE VARONA

New Registered Office Address:

2960 SW 17 STREET

Enter Florida street address

MIAMI

Florida

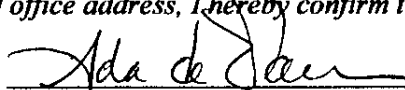
33145

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADA DE VARONA, PA	2960 SW 17 STREET MIAMI, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ADA DE VARONA	2960 SW 17 STREET MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HADA C. HERNANDEZ	2960 SW 17 STREET MIAMI, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NATALIA DE VARONA	2960 SW 17 STREET MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christian Giannoffi	2300 SW 26 ST MIAMI, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 16 AM 10:22

Dated AUGUST 8, 2012.

Ada de Varona
Signature of a member or authorized representative of a member
ADA DE VARONA
Typed or printed name of signee