

LO5000117520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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07 DEC 24 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Oulligan DEC 24 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2007

CRISTIAN S. CASAPAVA
GLOBAL TAX & ACCOUNTING
1678 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

SUBJECT: A.V.S. LLC
Ref. Number: L05000117520

We have received your document for A.V.S. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 707A00069263

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.V.S. 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:

CRISTIANA S CASAPAVA

(Name of Person)

GLOBAL TAX & ACCOUNTING

(Firm/Company)

1678 W. HILLSBORO BLVD.

(Address)

DEERFIELD BEACH, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

CRISTIANA S CASAPAVA

(Name of Person)

at (954) 421-7300

(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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A.V.S. 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 12/09/2005 and assigned
Florida document number L05000117520.

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."

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:

New Registered Office Address:

(Enter Florida street address)

_____, 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 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:

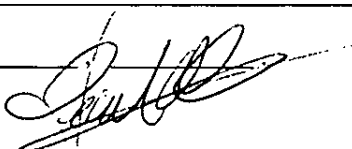
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HASSHMAD AGUIAR	1250 SW 44 TERRACE DEERFIELD BEACH FL 33442 REMOVE MANAGER	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)*

Dated 12-19-2007


Signature of a member or authorized representative of a member

CLAUDIO DANIEL OLISAN
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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