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**Division of Corporations**  
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LOG# 2032991

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : NEIMAN & INTERIAN, PLLC  
 Account Number : I20180000010  
 Phone : (305)530-9400  
 Fax Number : (305)530-9409

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LAVI APARTMENTS, LLC**

Certificate of Status	1
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2023 APR - 5 PM 1: 39  
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 APR - 6 2023

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: I.AVI APARTMENTS, 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:

Alberto Interian, Esq.  
Name of Person  
Neiman & Interian, PLLC  
Firm/Company  
2020 Ronce de Leon Boulevard, Suite 1005B  
Address  
Coral Gables, Florida 33134  
City/State and Zip Code  
ainterian@nifilaw.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Interian  
Name of Person  
305 330-9400  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAVI APARTMENTS, 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 03/29/2006 and assigned Florida document number L06000032991

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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 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:**

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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

Title	Name	Address	Type of Action
MGR	JOSE QUINTERO	1145 West 26th Street, #5	<input checked="" type="checkbox"/> Add
		Llaleuh, Florida 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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