L-06000093259

(Re	equestor's Name)		
(
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone) #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

ST.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Avalor Paralejal Services UC (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:
Name of Person)
Avalon Paralecial Services LCC (Firm/Company)
417 E. Livingsten St. #2 (Address)
Orlando, A 32803 (City/State and Zip Code)
For further information concerning this matter, please call:
Dang L. BiShof at (407) 273-5/1/ (Name of Person) at (407) 273-5/1/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \[\begin{array}{c ccccccccccccccccccccccccccccccccccc

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

Avalon Paralegal Services LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 9/00/06 and assigned document number 20000093259. This amendment is submitted to amend the following:	OIVISION OF CORPORALIUNS
SECOND:	This amendment is submitted to amend the following:	OFC
	Change name to	ORPO
		RAII
	Avalon Document Services LLC	- S
		_
#		_
		_
Dated	April 16, 2007.	_
	Oed /	
(Signature of a member or authorized representative of a member	
	DANNA L. BISHER Typed or printed name of signee	