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12 SEP 20 AM IO: 57
SEGRETARY OF STATE
TALLAHASSEE FLOOR

COVER LETTER

	ion Section of Corporations		,a		
SUBJECT:	AVIL	A USA, LLC			
		Name of Limited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.			
Please return all co	rrespondence concerning this matter	to the following:			
ENRIQUE E. AVILA					
		Name of Person			
		AVILA USA, LLC			
		Firm/Company			
		Address			
	•	DORAL, FL 33178 City/State and Zip Code			
	E-mail address: (enrique@avilausallc.com E-mail address: (to be used for future annual report notification)			
For further informs	ation concerning this matter, please o	all:			
E	ENRIQUE E. AVILA	at (786) 444	I- 1803		
Ŋ	Name of Person	Area Code & Daytime Tel	ephone Number		
Enclosed is a check	c for the following amount:				
▼ \$ 25.00 Filing F	_	\$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	STREET/COURIER A	ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: 12 SEP 20 AM 10: 57

A	VILA USA, LLC	SEGRET TALLAH	ARTOF STATE ASSEE, FLORIDA
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)	HORIDA
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	FLORIDA	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	e:	•
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	····	<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		······································
B. If amending the registered agent and/or regregistered agent and/or the new registered office acceptance is a second control of the control		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:		···· ·- ·, <u>,,</u> · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	, n		
	Enter Florida street address		
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title **Address** Name ENRIQUE E. AVILA MGR 7041 NW 107 CT DORAL, FL 33178 **✓** Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Changing member's title from MGRM to MGR September 13, 2012 Dated _ Signature of a member or authorized representative of a member Enrique E. Avila Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00