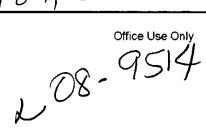
## 198000009514

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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M. THOMAS

APR - 3 2009

EXAMINER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Geeks4	Real LLC					
-		ited Liability Company)				
	Amendment and fee(s) are sub ondence concerning this matter	-				
	Solange Jordan					
		(Name of Person)				
•	Geeks4Real LLC					
	<del></del>	(Firm/Company)				
	11385 NW 7th ST APT 1					
		(Address)		•	,	,
	Miami, FL 33172			TAI SE	09/	•
		(City/State and Zip Code)			75	Ī
For further information of	concerning this matter, please c	all:		SSEE, FL	帰R-2 PM 1:3	!
Solange Jordan		at ( 786 ) 342-5483G		OF STATE FLORIDA	သ	(
(Name	of Person)	(Area Code & Daytime To	elephone Number)	β'''		
Enclosed is a check for t	he 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 Certificate of Certified Cog(additional cog)	f Status & py	losed)	
Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Geeks4Real LLC			
(Name of the Limited L	iability Compa	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab			and assigned
Florida document number L08000009514	····-•		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
AVANT WAVES LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the designation	
Enter new principal offices address, if applicab	ole:	11385 NW 7th ST APT 102	RECEPTION OF TALL AND
(Principal office address MUST BE A STREET	ADDRESS)	Miami, FL 33172	*** C
			の の で の で の の の の の の の の の の の の の
Enter new mailing address, if applicable:		11385 NW 7th ST APT 102	CEIVED  R-2 PH 1: 3   TARY OF STATE HASSEE FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33172	
B. If amending the registered agent and/or registered agent and/or the new registered office			er the name of the new
Name of New Registered Agent:	Mayra Aguiler	a	
New Registered Office Address:	11385 NW 7tl	n ST APT 102	
		(Enter Florida street	t address)
	Miami	, Florida	33172
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:		

Page 1 of 2

(If Changing Registered Agent, Signature of New 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 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

	Name	Address	Type of Action
			Damaria
	<del></del>		Paraua
			r= 10
<del></del>			Add  Acc Bemove
			ASSET OF STATE OF Add
If amon	ding any other information, ente	er change(s) here: (Attach additional shee	Remove
). II AINEII			
Dated	Marzo 25	2009	

Page 2 of 2

Filing Fee: \$25.00