

FROM : LAZARUS  
Division of Corporations

FAX NO. : (305) 220-1440

Dec 10 2009 1:13 PM

**L08000034652**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**L. SELLERS**

DEC -7 2009

To:

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

**EXAMINER**

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AVRYAL GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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09 DEC -4 PM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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H09000252110

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Avryal Group 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 4/04/08 and assigned  
Florida document number 208000034652

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."

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:

Omar Lugo

New Registered Office Address:

1975 W 44th # A304

(Enter Florida street address)

Hialeah

(City)

Florida

33012

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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)

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FROM : LAZARUS

FAX NO. : 3052201440  
709000252110

Dec. 04 2009 12:14PM P3

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

Title	Name	Address	Type of Action
MGRM	Aracelys Lugo		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Omar Lugo	1975 W 44 PL #A304 Hialeah FL 33012	<input checked="" 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 \_\_\_\_\_

Signature of a member or authorized representative of a member

OMAR LUGO  
Typed or printed name of signee

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Filing Fee: \$25.00

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