L08000117976

(F	Requestor's Name)	
(Address)		
(A)	(ddress)	
(0	City/State/Zip/Phone #) .
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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NOV 1 9 2013

T. BROWN

COVER LETTER

TO:

Registration Section
Division of Corporations

· AVI

AVIR INVESTMENTS, 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:

AVI ATIAS

Name of Person

AVIR INVESTMENTS, LLC

Firm/Company

11502 NW 72 PLACE

Address

PARKLAND, FL 33076

City/State and Zip Code

aviatias12345@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avi Atias

_{at (}954₎531-3153

Name of Person

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSEE OF STATE

TO THE T

AVIR INVESTMENTS, 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 Co	ompany were filed on 12/23/2008	and assigned
Florida document number L08000117976		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the desig	nation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
	•	
Enton non molling address if annihilation		
Enter new mailing address, if applicable:	*	· · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		enter the name of the new
registered agent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		orida
	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 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

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action Avi Atias, Sr. **MGR** 11732 NW 56 Street Coral Springs, FL 33076 Avi Atias, Sr. 11502 NW 72 PLACE **MGRM** Parkland, FL 33076 Remove Remove Remove Remove Remove

D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
_{Dated} October 29	2013
Dala	Nan
_	f a member or authorized representative of a member
Dalia Atias, Managin	ng Member
	Typed or printed name of signee

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Filing Fee: \$25.00