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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		,
		•
SUBJECT: Aventura Financial Co	enter, LLC	· · · · · · · · · · · · · · · · · · ·
(Nam	ne of Limited Liability Company)	, _,
. 81		*, .
The enclosed Articles of Amendment and fee(s) are submitted for filing.	s content of the
Please return all correspondence concerning th	is matter to the following:	
Michelle Barron		
	(Name of Person)	•
Frye & Associate	9S (Firm/Company)	
	(rim/Company)	
20900 West Dixi	e Highway	
	(Address)	
Aventura, FL 33	180	
	(City/State and Zip Code)	70 70
For further information concerning this matter	, please call:	2009 FEB - SECRETAL
Michelle Barron	at (305) 931-3200	Sign of
(Name of Person)	(Area Code & Daytime Telephone Number	ANIO: 00 E.F. OAID
		54 5 ~
	•	
Enclosed is a check for the following amount:	,	
☑ \$25.00 Filing Fee ☐\$30.00 Filing Fe Certificate of	Status Certified Copy Certification (additional copy is enclosed) Certified Certified Copy is enclosed)	ate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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

Aventura Financial Center, LLC		<u> </u>	٠. ٠	
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)		•	
(A Fiore	a Limited Elability Company)		•,	
The Articles of Organization for this Limited Liability	y Company were filed on 1/29/2009	and	assigne	ed '
Florida document number L09000009911		,		
				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
, <u> </u>	······································			
The new name must be distinguishable and end with the	words "Limited Liability Company" the designation "	"LLC" or tl	he abbre	eviation
"L.L.C."	mores Emines Emering Company, the designation	220 0. 1.		
E_t			r. 1	
Enter new principal offices address, if applicable:		FM	109	
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>	7	mos cline.
		一天是		Withington
		SSE	ഗ	1
Enter new mailing address, if applicable:		لت الله		P D I
(Mailing address MAY BE A POST OFFICE BOX)		10 ST	ë	Salamin.
		A SE	00	
B. If amending the registered agent and/or reg	vistered office address on our records, enter	the name	e of th	ie new
registered agent and/or the new registered office a				
Name of New Registered Agent:	e e e e e e e e e e e e e e e e e e e			•
New Registered Office Address:	(Francisco Elouida atuada	ddwgg a l		
	(Enter Florida street address)			
<u> </u>	, Florida			
	(City)	(Zip C	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Austin Frye	20900 West Dixie Higway Aventura, FL 33180	Add
. •	S (1)	Aventura, FL 33160	
MGRM_	Heidi Frye	20900 West Dixie Highway	 Add
		Aventura, FL 33180	Remove
,		•	
-			
			Add Remove
			Ada
			HIT B
			Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	21 0
_			
–			

_			
Dated	January 29	2009.	
	mm		
	,	er or authorized representative of a member	
	Michelle Barron, at	torney for managing med or printed name of signee	1 LM DW

Page 2 of 2

Filing Fee: \$25.00