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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
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## COVER LETTER ,

Division of Co	Poracions		
SUBJECT:	AN	VIC, LLC.	
SUBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Rafael Solarte	
		Name of Person	<del></del>
		Anvic, LLC.	
		Firm/Company	
	:	5101 NW 79th Ave. Unit 10	
		Address	
		Doral, FL 33166	
		City/State and Zip Code	
	E mail address (	anvic2009@gmail.com to be used for future annual report notif	Gaatlan'
For further information of	concerning this matter, please co	•	iteation)
Rafae	l Solarte	305 592-7522	
Name o	of Person		e Telephone Number
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

TO:

**Registration Section** 

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

( <u>Name of the Lim</u>	ANVIC, ited Liability Com (A Florida Limite	LLC pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number			02/24/2009	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company her	<u>·e</u> :	
	N/A	<b>\</b>		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the de	signation "LLC" or the	abbreviation "L.L,C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	N/A		15 SEP 8 PH 2: I
B. If amending the registered agent and registered agent and/or the new registered of			our records, ente	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	F . E		
		Enter Floric	da street address , Florida	
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AIDA LLOPIS	5101 NW 79th Ave. Unit 10	Add
		Doral, FL 33166	□ Remove
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<del></del>			
		·	Remove
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<del></del>			TALL AHASS
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n effective da	e, if other than the date of filing the is listed, the date must be specific as	nd cannot be prior to date of filing	ng or more than 90 days after	m <b>ar)</b> filing.) Pursi	uant to	605.02
ote: If the d	ate inserted in this block does not fective date on the Department of	meet the applicable statutor	y filing requirements, this	date will n	ot be l	isted
	to the date of the population of	bute s records.				
record si	pecifies a delayed effective	date but not an effec	tive time at 12:01 a	m on ti	20 02	rliar
	day after the record is filed		ave ame, at 12.01 a		ic ca	inci
ted	September 14	2015				
		Sohartett				
		a member or authorized represe				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00