Division of Corporations

Division of Corporations **Electronic Filing Cover Sheet**

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(((H10000080348 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number: 110450000714

002033.123034 Phone : (850)222-1173 Fax Number : (850)224-1640

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVNR CAPITAL, LLC

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Corporate Fi

Help

APR 0 9 2010

To: The Florida Dept. of State Subject: 002033.123034

From: Ashley Smith

Thursday, April 08, 2010 4:42 PM Page: 2 of 3

H100000803483

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limit	AVNR Capital, LLC ed Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited	Liability Company were filed on OC	tober 30, 2009	and assigned		
Florida document numberL0900010					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company here:				
The new name must be distinguishable and end v	vith the words "Limited Liability Company,"	' the designation "	LLC" or the abbreviati	on	
Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)		SEC		
			S 22		
			- 8	-1	
Enter new mailing address, if applicable:		***	S.×2	; * *	
(Mailing address MAY BE A POST OFFICE			•		
	**************************************	··			
			S B		
B. If amending the registered agent and registered agent and/or the new registered	l/or registered office address on our office address bere:	records, enter	the name of the ne	w	
Name of New Registered Agent:	Robert Elensky				
New Registered Office Address:	New Registered Office Address: 150 Sunny Isles Boulevard, Unit PH 2 Enter Florida street address				
	Sunny Isles Beach	, Florida	33160		
	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 Changing Registered Agent, Signature of New Registered Agent

Type of Action

From: Ashley Smith

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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:

Address

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

MGR_	Maria Elensky	150 Sunny Isles Boulevard Unit PH 2 Sunny Isles Beach, FL 33160	Add Remove
	***************************************		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			-
			- -
Dated	April 8 , 201	Elwsten	
	Signature of a member o	r authorized representative of a member	
	Ro	bert Elensky	
	Typed or	printed name of signee	

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Filing Fee: \$25.00