L10000014662

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EXAMINER

COVER LETTER

TO: Regis	tration Secti ion of Corpo	on rations				
SUBJECT: _		The	Avengerz			
ocounci			ted Liability Company	,		
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return a	ll correspond	ence concerning this matter	to the following:			
			Julio Espaillat			
			Name of Person			
			The Avengerz			
			Firm/Company			
		100 E	ast Sybelia Ave Suite 305			
	Address					
	Maitland, FL 32751					
	City/State and Zip Code					
	-	AvengerzMgmt@gmail.com E-mail address: (to be used for future annual report notification)				
For further infe	ormation cond	cerning this matter, please c		,		
		,				
	Julio Name of Pe	Espaillat	at (407) Area Code & Daytime	3105259		
	Name of Pe	erson	Area Code & Daytine	Telephone Number		
Enclosed is a c	heck for the f	following amount:				
✓ \$25.00 Fili	ng Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

1 4 3

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

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LIALL CHASSEE, FLORIDA The Avengerz Production Team and Studio (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/08/2010 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L10000014662 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Avengerz L.L.C. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 100 East Sybelia Ave Suite 305 Enter new principal offices address, if applicable: Maitland, Florida 32751 (Principal office address MUST BE A STREET ADDRESS) 100 East Sybelia Ave Suite 305 Enter new mailing address, if applicable: Maitland, Florida 32751 (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: Julio Espaillat Name of New Registered Agent: 100 East Sybelia Ave Suite 305 New Registered Office Address: Enter Florida street address Maitland City

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 Chapging 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 = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
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			Remove		
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D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)		
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Dated	,		M 1:47 F STATE FLORIDA		
		and a	Þ		
		er or authorized representative of a member	·		
	Type	Esoa; //a / d of printed name of signee			

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