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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

10 AUG 16 PM 2:28

T. HAMPTON
AUG 17 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avante-Grande Management Group PLLC
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:

Tamisha Denis

Name of Person

Avante-Grande Management Group PLLC

Firm/Company

173 NW 108 ST

Address

Miami, FL 33168

City/State and Zip Code

tdenisdm@gmail.com

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

For further information concerning this matter, please call:

Tamisha Denis

at 770 598-7155

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Avante-Grande Management Group PLLC

(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 Company were filed on 8-6-10 and assigned
Florida document number L10000082505.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10220 West Sample Rd
Coral Springs, FL 33065

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

Tamisha Denis

New Registered Office Address:

10220 West Sample Rd

Enter Florida street address

Coral Springs, Florida 33065
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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---|--|
| <u>MGR</u> | <u>Kelvin Denis</u> | <u>Kelvin Denis 173 NW 108 ST MIAMI, FL 33168</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>MGR</u> | <u>Tamisha Denis</u> | <u>173 NW 108 ST MIAMI, FL 33168</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

August 12, 2010

Signature of a member or authorized representative of a member

TAMISHA DENIS

Typed or printed name of signee

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