

L11000017345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

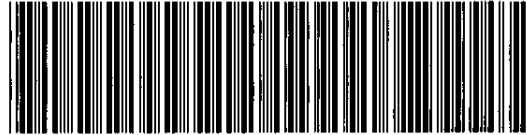
(Business Entity Name)

(Document Number)

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JUN - 1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

JUN - 2 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2011

DEBORAH A CLEMONS
845 2ND AVE S
TIERRA VERDE, FL 33715

SUBJECT: AVILA HOLDINGS GROUP INTERNATIONAL, LLC
Ref. Number: L11000017345

We have received your document for AVILA HOLDINGS GROUP INTERNATIONAL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 611A00013080

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Avila Holdings Group International, LLC
(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 February 9, 2011 and assigned
Florida document number L17000017345.

This amendment is submitted to amend the following:

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

N/A
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**)

845 2nd AVE S.
TIERRA VERDE, FL 33715

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

DEBORAH A. CLEMONS

New Registered Office Address:

845 2nd AVE S.

Enter Florida street address

TIERRA VERDE

City

Florida

33715

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.

Deborah A. Clemons
If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

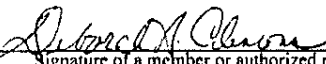
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kenneth F. Wilcox	7340 Gulf Boulevard St. Pete Beach, FL 33706	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Deborah A. Clemans	845 2nd Ave S. TIERRA VERDE, FL 33715	<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.)

N/A

Dated June 1, 2011


Signature of a member or authorized representative of a member
DEBORAH A. CLEMANS
Typed or printed name of signee