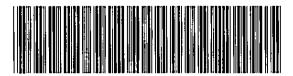
1110000082069

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





700374338887

10/12/21--01035--016 **25.00



1010010

COVER LETTER

TO:

eum me		IOLDINGS LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encle	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence—oncerning this matter to the following: Rita Jackman, Esquire Name of Person Powell, Jackman, et al. Firm/Company 2050 McGregor Boulevard Address Fort Myers, FL 33901 City/State and Zip Code legal@your-advocates.org E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:				
Please re	turn all correspo	ndence oncerning this matter	to the following:		
		Rita Jackman, Esquire			
			Name of Person		
	-	Powell, Jackman, et al.			
			Firm/Company		
		2050 McGregor Boulevard	i		
			Address		
		Fort Myers, FL 33901			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For furthe	er information c	oncerning this matter, please c	all:		
Rita Jack	cman				
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
€ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
Division of Corporations			Division of Corporations		
	i ananassee. I	し フムブキサ	Z410 IN. MONTO	je succi, suite otv	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIMIRI HOLDINGS LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L11000082069	07/18/2011 and assigned
This amendment is submitted to amend the following:	
document number L11000082069 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: graddress MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered	
The new name must be distinguishable and contain the words "Limited Liability Company," th	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 agent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	وبدار
Enter F	orida 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 provisions of all statutes relative to the proper and complete performance in accept the obligations of my position as registered agent as provided for in the being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document i
company has been holified 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
AMBR	SHALITIN, MIRIAM	58 GILBOA ST	
		KOHAV YAIR 4486400 IL	
			□ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			
			Петоче
			☐ Change
			□ Add
			□Remove
		•	Change
			□ Add
			□ Remove
			□ Channe

amending any other informati	on, enter change(s) here	: (Attach additional sh	neets, if necessary.)	
			· · · · · · · · · · · · · · · · · · ·	
				
				
				
				
			·	
		····		<u></u>
	· · · · · · · · · · · · · · · · · · ·			
		 -		
		 -		
ffective date, if other than the (late of filing:		(optional)	
Mective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the December 1.	be specific and cannot be prior ck does not meet the applica-	able statutory filing requ	n 90 days after filing.) Pursus irements, this date will no	ent to 605.020° of be listed as
record specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
, September 7	2021			
ated	· .	·		
-	Signature of a member or author	orized representative of a m	ember /	
AVRAHAM SHALITIN			(
		ed name of signee		

Filing Fee: \$25.00