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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JORGE SALCEDO H. ESQ.

Account Number : I20100000021 Phone

Fax Number

: (305)777-2681 : (305)777-2670

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

VA 4 T	Address.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AV HOLDING MANAGEMENT SERVICES LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	AV HOLDING MAN	AGEMENT SERVICES	LLC		
	Name of Lin	ited Liability Company	·		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		Jorge Salcedo			
		Firm/Company			
	200 S	. Biscayne Blvd Suite 4650			
		Address			
		Miami FL 33131			
	City/State and Zip Code				
jsalcedo@lawjsh.com					
	E-mail address: (to be used for future annual report notif	cation)		
For further information	concerning this matter, please	call:			
J	orge Salcedo	at (305)	7772683		
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	S60.00 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

#010 P.003/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2011 NOV -7 AM 9: 09

SECKETARY OF STATE TALLAHASSEE. FLORIDA

AV HOLDING	MANAGEMENT SERV	ICES LLC	
(A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lie Florida document numberL11000100		08/30/2011	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
	ADMINISTRA AV LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		•
(Principal office address MUST BE A STREET	ADDDECO		
	The state of the s		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			•
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on o <u>ce address here</u> :	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			···
New Registered Office Address:		<u>. </u>	
	Ent	er Florida street addi	ess
		, 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 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 Managi Member being added or	ng Members on our records, <u>enter the title, name, and addr</u> removed from our records:	ess of cach Manager
MGR = Mar MGRM = M	nager lanaging Member	•	
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
l), lfumend	ing any other information,	enter change(s) here: (Attach additional sheets, if necessary:)	
Dated	Signatur	re of a member or althorized representative of a member Arturo Siso Typed or printed name of signee Page 2 of 2	2011 NOV -7 AM 9: 10 SECRETARY OF STATE FALLAHASSEE. FLORIDA

Filing Fee: \$25.00