2/200000/98/

(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:					
A. LUNT					
MAY 11 2011					
EXAMINE					



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Office Use Only

COVER LETTER

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TO: Registration Division of C					
SUBJECT:	Av	alon, LLC.			
		ited Liability Company		-	
The enclosed Articles of Amendment and fee(s) are submitted for filing.				ALL THE	
Please return all corres	spondence concerning this matte	r to the following:			
		Michele A. Andrews			
		Name of Person			
		Avalon, LLC			
		Firm/Company	•		
	263	88 Longboat Court So	uth	_	
		Address		_	
	Ponte \	Vedra Beach, Florida	32082		
		City/State and Zip Code			
	andrews	.davidmichele@como	cast.net		
		to be used for future annual rep	ort notification)		
For further information	n concerning this matter, please of	call:			
Mic	hele A. Andrews	at (_904_)	887-5633		
Name	e of Person	Area Code &	Daytime Telephone Numb	er	
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAI	LING ADDRESS:	STREET/C	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Avalon	, LLC			
(Name of the Limited L (A F	iability Compar lorida Limited L	y as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number L120000019					
This amendment is submitted to amend the follow			SET OF		
A. If amending name, enter the new name of t	he limited liabi	ility company here:		A CONTRACTOR OF THE PARTY OF TH	١
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "l	LC or the abbrevia	ıtio
Enter new principal offices address, if applicab	Michele A. Andrews				
(Principal office address MUST BE A STREET ADDRESS)		2638 Longboat Court South			
		Ponte Vedra Bea	ich, Florida 32	2082	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2638 Longboat Court South Ponte Vedra Beach, Florida 32082			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter t</u>	the name of the I	_ 1ev
Name of New Registered Agent:	Michele A. Andrews				
New Registered Office Address:	2638 Longbo	oat Court South			_
		Enter F	lorida street add	ress	
	Ponte	Vedra Beach	, Florida	32082	_
		City		Zip Code	
New Pagistared Agent's Signature if changing Day	zictored Agenti				

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Title** Name **Address Type of Action** MGR Michele A. Andrews 2638 Longboat Court South ☐ Add Ponte Vedra Beach, Florida 32082 Remove MGR Arelys Moye 3738 Southside Blvd. Suite 101 ☐ Add Jacksonville, Florida 32216 Remove ☐ Add Remove _ A₫d≥ ⊓ R**om**ove Cast Ardd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 30 2012 Dated_ Signature of a member or authorized representative of a member Arelys J. Moye

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00