## 11200014766

(Requestor's Name)
(Address)
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· · ·
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registrate					
	l Realty, i	LC			
SUBJECT:		Name of Limited	d Liability Company	<del></del>	_
The enclosed Artic	les of Am	endment and fee(s) are submi	tted for filing.		
Please return all co	orresponde	ence concerning this matter to	the following:		
		Paul D. King	Ì		
			Name of Person		<del></del>
		AVH Realty, LLC			
			Firm/Company		
		2420 S. Lakemont Ave #450			
			Address		
		Orlando, Florida 32814			
			City/State and Zip C	ode	
	1	o.king@avhomesinc.com			
				nual report notification)	
For further informa	ation conc	erning this matter, please call:			
Paul D. King			407 at ( )	414-9353	
· N	Same of Pe	rson	Area Code	Daytime Telephone Num	nber
Enclosed is a check	k for the fo	ollowing amount:			
<b>☞</b> \$25.00 Filing F	Fee 1	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy in	y Certif s enclosed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
R D P	Registration o P.O. Box 6	is ADDRESS: on Section of Corporations 327 e. FL 32314	Regis Divis Clifto 2661	EET/COURIER ADDRESS stration Section sion of Corporations on Building Executive Center Circle hassee, FL 32301	i:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVH Realty, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000014766	were filed on January 31, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	18 ALCA
Enter new mailing address, if applicable:	B HAS
(Mailing address MAY BE A POST OFFICE BOX)	2 SE E O
	7 - S. S.
B. If amending the registered agent and/or registered of	flice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
N. CN. D. L. LA	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M	anager uthorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
Asst. VP	Robert Kanjian		
			■ Remove
			Change
/P Broke	Paul King	2420 S. Lakemont Ave,	Add
		Suite #450 Orl., Fl. 32814	Remove
			Change
			☐ Remove
			Change
	<del></del>		Add
			Remove
			Change
		_	
			☐ Remove
			Change
			□ Add
			Remove
			Change

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	ve date, if other than the date of filinective date is listed, the date must be specific at			opt re than 90 days after	ional) er filing.) Pursua	nt to 605.02
ote: I	If the date inserted in this block does not ent's effective date on the Department of	t meet the applicab				
The S	ord specifies a delayed effective 90th day after the record is filed	date, but not a f.	an effective tii	me, at 12:01	a.m. on the	earlier
ated _		<u>-</u> `				
	K f	<del></del>				
	Signature of	a member or authoriz	zed representative o	f a member	<del></del>	
			3			

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Filing Fee: \$25.00