L12000045315

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Avoley, Lt	_C Name Change		
Subject:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shirley Solis		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	18755 SW 272 Street		
		Address	
	Homestead, Florida 330	031	
	shirleydavilasolis@gmail	City/State and Zip Code	
	E-mail address: (to be used for future annual report r	notification)
or further information of	concerning this matter, please c	all:	
hirley Solis		786 624-944	4
Name o	of Person		time Telephone Number
iclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address</u> Registration	
Division of (Division of C	Corporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avoley, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) ality Company)	
he Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
orida document number L12000045315		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability	y company here:	
hirley It's Me! LLC		
e new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the w	Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		261
rincipal office address MUST BE A STREET ADDRESS)	·	2010 KBV
	<u> </u>	
-		0 .
		P
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		<u></u>
		0
. If amending the registered agent and/or registered office add ent and/or the new registered office address here:	ress on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified 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>	Address	Type of Action
<u></u>			□Add
			□ Remove
			□ Change
			□Add
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ctive date, if other than the date of filing: (optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) It the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant to 605.02 will not be listed.
ment's effective date on the Department of State's records.	
and annuified a delegard effective data but not an effective time at 12.01 and an the audion of the The	Ooth day after th
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filed.	90th day after th
Newson have a coope	
d November 2, 2020	
Sirly Sols	
Signature of a member or authorized representative of a member	