

L12000148243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 NOV 30 PM 12:30

DEC 3 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVI South Florida LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Reichard Stubbe

Name of Person

AVI South Florida

Firm/Company

8750 NW 36th St., Suite 210

Address

Miami, FL 33139

City/State and Zip Code

michelle.reichard@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Reichard Stubbe

Name of Person

at (**787**) **457-3777**

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)

☐ \$60.00 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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
12 NOV 30 PM 12:30

AVI South Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 27-November-2012 and assigned
Florida document number ~~400242427774~~ L12000148243

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the 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 records, enter the name of the new registered agent and/or the new registered office address here:

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

MGR = Manager

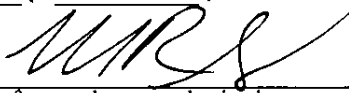
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michelle Reichard Stubbe	8750 NW 36th St.	<input checked="" type="checkbox"/> Add
		Suite 210	<input type="checkbox"/> Remove
		Miami, FL 33139	
MGR	Mildred Stubbe Segarra	2 Washington St.	<input checked="" type="checkbox"/> Add
		PH-201	<input type="checkbox"/> Remove
		San Juan, PR 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Remove

12 NOV 30 PM 12:30
 REMOVE
 ADD
 REMOVE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 27 of November, 2012



Signature of a member or authorized representative of a member

Michelle Reichard Stubbe

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRET BY 11-30-12
DIVISION 11-30-12