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SECRETARY OF SIME DIVISION OF CORPORATION

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COVER LETTER

Div	ision of Cor	porations	•			
CUD IEZTE.	Avarice Gro	oup LLC				
SUBJECT.	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Rolando Garcia Jr.				
	Rolando Garcia Jr. Rolando Garcia Jr. Rolando Garcia Jr. Name of Person Avarice Group LLC Firm/Company 2438 nw 184 ter Address pembroke pines Florida 33029 City/State and Zip Code rgarcia63@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: lando Garcia Jr. Name of Person 4 (251-7863) Name of Person City/State and Zip Code rgarcia63@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:					
		Avarice Group LLC				
		Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Rolando Garcia Jr. Name of Person Avarice Group LLC Firm/Company 2438 nw 184 ter Address pembroke pines Florida 33029 City/State and Zip Code rgarcia63@gmail.com E-mail address: (to be used for future annual interpretation of the properties of the following amount: g Fee \$\int \text{30.00 Filing Fee & Certified Copy (additional copy is enc.)} MAILING ADDRESS: STREET				
For further in Rolando Gar		·	Address	-		
		Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Rolando Garcia Jr. Name of Person Avarice Group LLC Firm/Company 2438 nw 184 ter Address pembroke pines Florida 33029 City/State and Zip Code rgarcia63@gmail.com E-mail address: (to be used for future annual report notific scerning this matter, please call: Person at (
For further in	iformation c		·	ication)		
			954 551-7863			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25,00 F	iling Fee		Certified Copy	Certificate of Status &		
		ING ADDRESS: ation Section				

Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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

Avarice Group LLC			
(Name of the Limited Li (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on 01/29/2013	_ and assig	gned
Florida document number L13000014406	,		
This amendment is submitted to amend the followin	ıg:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.	
Enter new principal offices address, if applicable	:	18	SIA10
(Principal office address MUST BE A STREET AI	DDRESS)	Aug	S.S.
		မ	27.7°
		æ	
Enter new mailing address, if applicable:		ڥ	- 2.7 - 2.7 −
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u>2</u>	3801
			
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, <u>enter th</u> address here:	e name o	f the nev
Name of New Registered Agent:			 -
New Registered Office Address:			
	Enter Florida street address		
	, Florida		<u>_</u>
	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 605, 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 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
MGR	Johany Peralta	2438 nw 184 ter pembroke pines Fl 3 5 C 2 G	Add
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f an e <u>Note</u>	tive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant of the date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.	uant to 605. tot be liste	0207 - d as :
ne re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlie	r of
Dated	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00