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T. HAMPTON

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	AVAZIO	èd Liability Company	
	Name of Limit	ed 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:	
		MEN A Mark	
	•	Name of Person	
	150	ANJAMIN 14. MUSORE	LPA PA
		Firm/Company	
	<u></u>	20 N MAITLAND	AVZ # 105
		Address	
	<u> </u>	AITLAND FL 3215 City/State and Zip Code	1
	E-mail address: (9	bum b Dum CPAIA. o be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	all:	
Name o	1 H Mooks	at (400) b 44 > 10	lephone Number
Enclosed 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 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

AVA 2:10 11 6

(Name of the Limited Lia (A Flo	bility Company orida Limited Liab	as it now appears ility Company)	s on our records.)	· · · - · · · ·	
The Articles of Organization for this Limited Liabi Florida document number L 13 000 [lity Company we <u>よっ</u> た。	ere filed on <u>5</u> (eptember 13,	2012 nd assig	ned
This amendment is submitted to amend the following	ng:			SET PH	ļΠ Π
A. If amending name, enter the new name of th	e limited liabilit	y company here	2:		
AVA	Zlo GRI	oup IL	(-		
The new name must be distinguishable and end with the "L.L.C."			ny," the designation	"LLC" or the abl	previation
Enter new principal offices address, if applicabl	e: _				
(Principal office address MUST BE A STREET A	(DDRESS)	8815 . 516 2	CONROY W	INDERMED	<u> E RO.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>X)</u> -	DRLAN	20 FL 3° CONROY WI	1835 NOELMELE 835	R _O
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on o	ur records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:) H. Moo/	2E
New Registered Office Address:	720 N		O AVE STE er Florida street d		
	MAI	TLAND	. Florida	227-1	
-		City	, 1 101104	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, Agenture 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>	Address	Type of Action
	- NA	<u> </u>	Add
			Remove
			Add
			Remove
.			Add
			SECON Remove
			- <u> </u>
			PH Add
			Remove
			Add
			Remove
			Add
			Remove

ling any other information, enter change(s) here: (Attach additional sheets, if necessary)
 Seriamber 16 2013
 September 16. 2013
 Signature of a member or authorized representative of a member
 -ton

Filing Fee: \$25.00

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