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COVER LETTER

	istration Sec ision of Corp			
SUBJECT.	Avocet Ente	rprises LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Ann S Johnson, Esquire		
			Name of Person	
		Ann S Johnson PA		
			Firm/Company	
		4940 Lakewood Ranch Bl	vd. N., Suite 120	
			Address	
		Sarasota, FL 34240		
•			City/State and Zip Code	
		ajohnson@asjlaw.com		
-		E-mail address: (to be used for future annual rep	port notification)
For further ir	ıformation co	ncerning this matter, please c	all:	
Ann S Johns	on, Esquire		941 361-: at ()	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avocet Enterprises LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on January 7, 2014	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 Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1049 24th Street	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34234	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1049 24th Street Sarasota, FL 34234	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	he name of the new
	, Florida	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>	Name	Address	Type of Action
MGR	Irene Elia Rofail	1049 24th street ,Sarasota, FL 34234	⊟ Add
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Effective date, if other than the (11/30/2015	(0	ptional)	හ
fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to da ck does not meet the applicable	te of filing or more than 90 days a	after filing.) Pursuant	to 605.0207 be listed as
ne record specifies a delayed The 90th day after the reco	effective date, but not and is filed.	effective time, at 12:0	11 a.m. on the	earlier o
Dated November 30	2015			
A P	×			
	Signature of a member or authorize	d representative of a member		
Elia Rofail				

Page 3 of 3

Filing Fee: \$25.00