L14000022583

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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COVER LETTER

Division of Corp	orations		
A	~ Die BAMITIC	DAVAJE LLC.	•
SUBJECT:	A ANIE CONDITION Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
		OCGA PEWA Name of Person	<u></u>
		SERVITAX ALC	SERVICE
		Firm/Company	
	1925	E 4th AV \$2 Address	
		Address	
	Hia	Ileah, F2 33 010 City/State and Zip Code)
		City/State and Zip Code	
	Servit	MX 1925 & 9 mail. Com	m figurion)
			Tellion Tellion
For further information co	oncerning this matter, please ca	iii:	
Dlga	Dena	at (<u>325</u>) <u>8848-7</u> Area Code Daytim	86
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
ZI \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVILA AIR CONDITIONI	NG LLL	<u> </u>
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on ou [] (ability Company)	r' records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	1011/301/2 3: 39 and assigned
Horida document number <u>L14 0000 22583</u>	; i.e	Anatificities
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A The new mane must be distinguishable and contain the words "Limited Liab		
the new name must be distinguishable and contain the words "Limited Liab	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address: \(\sqrt{A} \)	Enter Florida stre	vet address
		Marida.
	City	Florida
	•	•

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, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	YESENIA JIRON	5975 DW 110th 5t. Hidleah, FL 33012	P Add
		Hiuleah, FL 33012	Remove
			☐ Change
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<u>:ote:</u>	tive date, if other than the date of filing: \(\frac{1}{28} \) \(\frac{2019}{2019} \) (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 60 goth day after the record is filed.
ated	5/28
	Signature of a member or authorized representative of a member HECTOR AVIVA

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Filing Fee: \$25.00