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SECRETARY OF STATE

TALLAMASSEE FLORING

JUL 1 5 2015 **S. YOUNG** 

## **COVER LETTER**

Avila Deve	elopers, LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Osvaldo F. Torres			
		Name of Person		
	Torres Law, P.A.			
	<del></del>	Firm/Company		
	888 Southeast Third Aver	nue, Suite 400		
		Address	12-1-1-1-1	
	Fort Lauderdale, Florida 3	33316		
		City/State and Zip Code		
	ozzie@ torreslaw.net		Fig.	<del>5</del>
	E-mail address:	to be used for future annual report notific	ation)	
For further information ed	oncerning this matter, please c	all:		
Osvaldo F. Torres		754 300-5815	で (数 で (利 の (利 の	E I
Name of	f Person	Area Code Daytime T	Celephone Number 11 co	D PH 2:57
Enclosed is a check for th	e following amount:		****	7
\$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 Sta Certified Copy (additional copy is en	itus &

MAILING ADDRESS:

TO: 'Registration Section

**Division of Corporations** 

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

Aviia Developers, LLC	God Linbiller Company of the green	and the same way and the same a
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited I Florida document number L 14000051262	Liability Company were filed on	03/27/2014 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		2 D
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		on our records, enter the name of the notice 400
New Registered Office Address.	Enter I	Florida street address
	Fort Lauderdale	, Florida 33316
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			T Change
			E Dradd
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ective date, if other than the c	date of filing:		(on	tional)
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be p	rior to date of filing o	r more than 90 days aft	er filing.) Pursuant to 605.02
ument's effective date on the De			ing requirements, ti	ns date will not be disted
record specifies a delayed he 90th day after the reco	effective date, but	not an effective	e time, at 12:01	a.m. on the earlier
5 52, 5, 5				三角 あ
ed July 2nd	2015			
	'		1. A .	
		/	18. A	27,523
	Signature of a member or a	om	lle A member	

Page 3 of 3

Filing Fee: \$25.00