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COVER LETTER

TO:

TO: Registration Se Division of Cor				. ,
	S MULTISERVICIOS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ANDREA VILLAVICENO	CIO		
		Name of Person		
		Firm/Company		
	4711 NW 79TH AVE SUI			
	DORAL, FL 33166	Address		
		City/State and Zip Code		22
	AVENVIOS@GMAIL.CO			SEP
		to be used for future annual report not	fication)	22 SEP 13 AM11: 51
For further information co	oncerning this matter, please co	all:		<u> </u>
ANDREA VILLAVICENCIO 305 304-8640 at ()			=	
Name o	l'Person		ne Telephone Number	0, 3
Enclosed is a check for th	e 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 Sta Certified Copy (additional copy is er	itus &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	•	The Centre of	•	
Tallahassee I	EL 32314	2415 N. Monro	ve Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AV ENVIOS MULTISERVICIOS				
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/01/2014}{\text{Liability Company}}$.				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
AV TAX & NOTARY SOLUTIONS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3625 NW 82 Avenue		
		Suite 100 Unit N	N :	
-		Doral, Fl. 33166	2 \$	
Enter new mailing address, if applicable:		3625 NW 82 Avenue	F 13	
Mailing address MAY BE A POST OFFICE	BOX)	Suite 100 Unit N	登	
		Doral, Fl. 33166	: 5	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	address on our records, <u>ent</u>	er the name of the new regi	
Name of New Registered Agent:	Andrea Villavicencio			
New Registered Office Address:	3625 NW 82 A	venue Suite 100 Unit N		
<u>-</u>		Enter Florida street ada	tress	
	Doral	,	Florida 33166	
		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, Stanature 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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Tective date, if oth an effective date is liste ote: If the date inser- beument's effective of	rted in this block do	es not mee	t the appli	cable statu	filing or m itory filin	ore than 9 g require	(op 0 days aft ments, tl	tional) er tiling.) tis date v	Pursuant to will not be	o 605.0 e listeo	020 d a
record specifies a del is filed.	ayed effective date,	but not an	effective t	lime, at 12	:01 a.m. e	on the ea	rlier of:	(b) The	90th day	after	the
		,	2022								
September 07		 ' -									
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2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000183458

Entity Name: AV ENVIOS MULTISERVICIOS LLC

Apr 02, 2022 Secretary of State 9030579263CC

FILED

.Current Principal Place of Business:

4711 NW 79TH AVE

AΑ

MIAMI, FL 33166

Current Mailing Address:

4711 NW 79TH AVE

AA

MIAMI, FL 33166 US

FEI Number: 47-2635783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLAVICENCIO, ANDREA 885 NW 126TH CT MIAMI, FL 33182 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

MGR, MANAGER

Name

VILLAVICENCIO, ANDREA

Address

885 NW 126TH CT

City-State-Zip: MIAMI FL 33182

I hereby cartify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.