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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

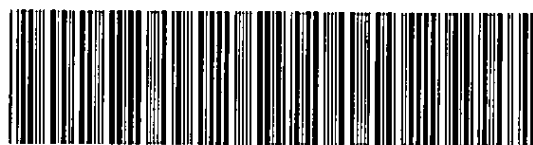
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22 SEP 13 AM 11:51

SECTION OF COURT CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AV ENVIOS MULTISERVICIOS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA VILLAVICENCIO

Name of Person

Firm/Company

4711 NW 79TH AVE SUITE AA

Address

DORAL, FL 33166

City/State and Zip Code

AVENVIOS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA VILLAVICENCIO

305 304-8640  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 SEP 13 AM 11:51

DIVISION OF CORPORATIONS

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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DIVISION OF CONSUMER PROTECTION

22 SEP 13 AM 11:51

22 SEP 13 AM 11:51

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 07 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Andrea Villavicencio

Typed or printed name of signee

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000183458

Entity Name: AV ENVIOS MULTISERVICIOS LLC

Current Principal Place of Business:

4711 NW 79TH AVE  
AA  
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 certify 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.*

SIGNATURE: ANDREA VILLAVICENCIO

MGR

04/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date