

# L14000184270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

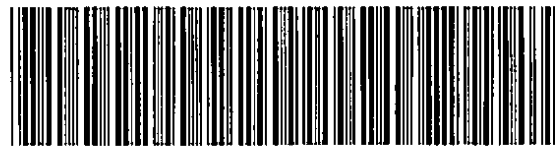
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVIT Professionals 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:

Ismael Guzman  
Name of Person

AVIT Professionals LLC  
Firm/Company

9530 Atlantic St  
Address

MIRAMAR, FL 33025  
City/State and Zip Code

IsmoGuzman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ismo Guzman at ( 786 ) 202 0065  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

AVIT Professionals LLC

The Articles of Organization for this Limited Liability Company were filed on 12/02/2014 and assigned Florida document number 414000184270

**A. If amending name, enter the new name of the limited liability company here:**

***(Principal office address MUST BE A STREET ADDRESS)***

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

Civ.

## Florida

Zip Code

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Guzman	9530 Atlantic St	<input checked="" type="checkbox"/> Add
		MIRAMON, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

New Member (Anthony) will be 40% owner.

So New Percentage is as follows

Ismael Guzman 60% ownership

Anthony Guzman 40% ownership

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E. Effective date, if other than the date of filing: JAN 1, 2021 (optional)

(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 12-17-20

[Signature]  
Signature of member or authorized representative of a member

Ismael Guzman

Typed or printed name of signer