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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	 Iv



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J. HARRIS

### **COVER LETTER**

SUBJECT: Avalo		ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Maryb	el Defilo  Name of Person	
		Park Group Firm/Company	·
	3680 A.	valon Park Ea	st Blud., Suite 300
	Orlando/	FLJ 32828 City/State and Zip Code	
	mary belo	Davalon Park groups to be used for future annual report notified	ication)
For further information c	oncerning this matter, please ca	ill:	
Mary bel Name o	Def:\\o	at (407) 658	Telephone Number
Enclosed is a check for the	he 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

TO:

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

Avalon Park

22 70,5

Florida document number <u>LISOOO92</u>			and a	issigned
This amendment is submitted to amend the followin	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the a	bbreviation "	L.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)			<del></del>
Enter new mailing address, if applicable:		<u> </u>	16 AP	*** g
(Mailing address MAY BE A POST OFFICE BOX	K)	ىگ. دىر مى	\$ 20 \$ 0	-474.
B. If amending the registered agent and/or r	registered office address on our	records, enter		e of the nev
registered agent and/or the new registered office	address here:	\	m ce	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	eet address		
		, Florida		
_	City		Zip Code	e
New Registered Agent's Signature, if changing Regis	stered 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 = Manager

AMBR = Authorized Member

Title Name Address Type of Action Beat Kahli 3680 Avalon Posk East Blud DAdd Orlando FL 32828 Remove \_□ Change MGR Avalon Associates of Delaware, LP 3680 Avalon Pork East Blud. Pradd Suite 300 □ Remove Orlando, FL 32828 ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change □ Add \_D-Remove డు 🕮 Remove ☐ Change

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Filing Fee: \$25.00