L15000093911

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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DIVISION CONFORATIONS TALLAHASSEE, FLORIDA

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	C	ORPORATE ACCESS, _	When you need ACCESS to the world	_
		INC.	236 East 6th Avenue. Tallahassee, Florida 32303 O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	_
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TO: Registration Section Division of Corporations

Avalon Business Centre, LLC SUBJECT:

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:

Nicole Kopytko

Name of Person

Avalon Innovation Centre, LLC

Fitov/Company

3801 Avalon Park E. Blvd

Address

Orlando, FL 32828

City/State and Zip Code

nicolck@avalonparkgroup.com

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

For further information concerning this matter, please call:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avalon Business Centre, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 2015 and assigned Florida document number L15000093917

This amendment is submitted to amend the following:

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

AVALON INNOVATION CENTRE, LLC

. .

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

	 ((-)
	2 L
Enter new mailing address, if applicable:	 A
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	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 = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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' | D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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<u>more:</u> If the date me	ther than the date of filin ted, the date must be specific ar serted in this block does not t date on the Department of	meet the applicabl	late of filing or more than e statutory filing requi	(optional) 90 days after filing.) Purso rements, this date will r	uant to 605.0207 (3)(b) tot be listed as the
the record specifies a decord is filed.	elayed effective date, but no	of an effective time	, at 12:01 a.m. on the c	arlier of: (b) The 90t) day after the
August 23		2021			
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	Signature of	member or authorize	representative of a me	mber	
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