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J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations	
	í AVA	LO DESIGNS LLC
SUBJ	ECT:	
	Name of L	nimed Liability Company
The e	nclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please	e return all correspondence concerning this matt	ter to the following:
		. SANDRA AVALO
	1 Total	Name of Person
		AVALO DESIGNS LLC
		Firm/Company
		6731 NW 22ND ST
	•	Address
		MARGATE FL 33063
	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	City/State and Zip Code
		sandraavalo@hotmail.com
	E-mail addres	ss: (to be used for future annual report notification)
For fi	urther information concerning this matter, pleas	e call:
	SANDRA AVALO	SANDRA AVALO  Name of Person  AVALO DESIGNS LLC  Firm/Company  6731 NW 22ND ST  Address  MARGATE FL 33063  City/State and Zip Code sandraavalo@hotmail.com  E-mail address: (to be used for future annual report notification)  natter, please call:  754  Area Code  Daytime Telephone Number  Ounit:  ing Fee & Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations
	Name of Person	Area Code Daytime Telephone Number
Enclo	osed is a check for the following amount:	
■ \$	25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

y appears on our records.) mpany)
on and assigned
pany here:
y," the designation "LLC" or the abbreviation "L.L.C."
<b>⊼</b> 5 <b>%</b>
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THE RIVER
A S
ress on our records, enter the name of the
nter Florida street address
, Florida Zip Code
1

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>	Address	Type of Action
MGR	AMARILYS AVALO RODRIGUE	3003 ROCKVILLE LANE	Add
		ROYAL PALM BEACH FL 33432	■ Remove
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ne record The 90t	specifies a delay th day after the re	ed effectivecord is file	ve date, b ed.	out not an	effective tii	me, at 12:0:	1 a.m. on tl	ne earli	ier o
Dated	04/28/2017		1	_			<u></u>		
	×	La	FIFTH A.	<del>-</del>	•		ALL	2017	<b>5</b> ::::
	<u>⊁</u>	Signature (	of #member	or authorized	representative o	f a member	A ST	<u> </u>	7
			٧				SS(R)	2	
			SAND	RA AVALO	)			<u> </u>	

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Filing Fee: \$25.00