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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

	egistration Se ivision of Cor			
CHDIECT		prises LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Dorian Espinosa		
		Avad Solutions Group	Name of Person	
		745 Fort Street Mail, STE 8	Firm/Company 300	
		Honolulu, HI 96813	Address	
		dorian@nvrllc.net	City/State and Zip Code	
r e de	· . e		to be used for future annual report notific	cation)
Por further Dorian Es		oncerning this matter, please ea	808 3306808	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
S25.00	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallabassee, FL 32301



March 29, 2019

DORIAN ESPINOSA 745 FT STREET MALL STE 800 HONOLULU, HI 96813

SUBJECT: NVR ENTERPRISES LLC

Ref. Number: L15000188774

We have received your document for NVR ENTERPRISES LLC and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00006295

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

NVR Enterprises LLC			2513 110/19	
(Name of the Limited) The Articles of Organization for this Limited L15000188774	ited Limbility Computed (A Florida Lumited	r y gs It now appear Liability Company)	SECRETURY OF STATE OF STATE OF STATE	
he Articles of Organization for this Limited	Liabifity Company	were filed on 🛄	and assigned	
Torida document number L15000188774				
This amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited liab	ility company h	<u>:re</u> :	
Avad Solutions Group LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the d	engnation "ELC" or the abbreviation "ELLC"	
ater new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		7901 4m St N		
		STF 300		
			FL 33702	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		745 Fort Stree	t Mall	
		Ste 800 Honotulu, Hawaii 96813		
		. ,		
. If amending the registered agent and egistered agent and/or the new registered (/or registered of ffice address her	ffice address on <u>e</u> :	our records, enter the name of the	
Name of New Registered Agent:	Registered Agents Inc			
New Registered Office Address:	7901 4th St N.	STE 300		
new Registered Office From Co.		Unter Flor	ida street address	
	St Petersburg		, Florid» 33702	
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	Amanda Crabtree	745 Fort Street Mall, Ste 800, Honolulu, HI 96813	
			☐ Remove
			□ Change
AMBR	Robert Hardisty	745 Fort Street Mall, Ste 800, Honolulu, HI 96813	■ Add
			□ Remove
	Dorian Espinosa		☐ Change
AMBR ———			Add
		7455 4 9 4 4 4 4 9 2 2 2 2 2 2 2 2 2 2 2 2 2	□ Remove
		745 Fort Street Mall, Ste 800, Honolulu, HI 96813	
AMBR	Amina Group, Inc	737 Bishop Street, Ste 2860, Honolulu, HI 96813	■ Add
			☐ Remove
			☐ Change
			🗖 Add
			☐ Remove
			Change
			🗖 Add
			☐ Remove
			□ Change

				
				
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ffective date, if other than the date on effective date is listed, the date must be sometime. If the date inserted in this block cocument's effective date on the Depart	loes not meet the appli	cable statutory filing r	(optional) than 90 days after filing.) Pe equirements, this date wil	usuant to 605.020 If not be listed a
selment a creciive date on the separt	ment of thine 3 records			
e record specifies a delayed eff The 90th day after the record		ot an effective tin	ne, at 12:01 a.m. on	the earlier o
March 15	2019	· ·		
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Page 3 of 3

Filing Fee: \$25.00