1600007418

(F	Requestor's Name)
(<i>f</i>	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer.
	•





600368682676

07/07/21--01010--005 *+25.00



JUL , ZUZI







CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:	7/6 DANNY
XX	CERTIFIED COPY PHOTOCOPY CUS	
XX		LC AMEND
1.	AVIN EQUIYIES, LLC (CORPORATE NAME AND DOCUMENT #)	
2.		
2	(CORPORATE NAME AND DOCUMENT #)	
3.	(CORPORATE NAME AND DOCUMENT #)	
4.	(CORPORATE NAME AND DOCUMENT #)	
5.	(CORPORATE NAME AND DOCUMENT #)	
6.		
SPECIAI INSTRU	(CORPORATE NAME AND DOCUMENT #) L CTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIN EQUITIES, 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 01/11/2016 and assigned Florida document number <u>L16000007418</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Ron Nehemia	4844 Circle RD	⊒ Add
		Montreal QC Canada H3W-1Z4	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Change
			Remove
			Change
			Remove
			Change

		· <u>·</u> ··································		
•				
				
				
				
			<u>-</u>	
Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department of the date inserted in the Department of the date of the Department of the date of the Department of the date of the dat	ck does not meet the ap	plicable statutory fili	(optional) more than 90 days after filing ng requirements, this date) Pursuant to 605.0207 : will not be listed as
ne record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effective	time, at 12:01 a.m.	on the earlier of
Dated	. 2021	. <u>. </u>		
Pon	Nehemia		e of a member	
3	ignature of a member of a	umorizea representativ	e or a member	