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SECRETARY OF STATE
TALLAHASSEE FLORE

D. BRUCE MAY 12 2017

COVER LETTER

TO:	Registration Se Division of Cor			, p1,	
SUBJI		ΓΙ CAPITAL FL, LLC			
осья.	EC1	Name of Lim	ited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		ROLANDO CHANG			
			Name of Person	<u> </u>	
		AVATI GROUP, LLC			
		- ,, , , , , , , , , , , , , , , , , , 	Firm/Company		TILED
		11914 WYNMAR LN			
			Address		
		CYPRESS, TX 77429			
		- , , , , 	City/State and Zip Code		
		ROLANDO@AVATIGRO		= = = = = = = = = = = = = = = = = = =	
		E-mail addr e ss: (to be used for future annual report notific	cation)	
For fu	rther information co	oncerning this matter, please ca	all:		77
ROLA	ANDO CHANG		904 382-3595 at ()_	SEA -	į —
Englos	Name of		Area Code Daytime	Telephone Number	Ö
	sed is a check for the	ne following amount: ☐ \$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)	r

MAILING ADDRESS: 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 OF

AVATI CAPITAL FL, LLC		
(Name of the Limit	ed Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Li Florida document number L16000070804	ability Company were filed on A	APRIL 11, 2016 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company l	nere:
The new name must be distinguishable and contain the we be the manner of	able:	designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:	MICHAEL RASMUSSEN	
New Registered Office Address:	3987 SHOREWOOD DR Enter Flo	orida street address
	PENSACOLA	, Florida 32507

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.

City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ROXEN CONSULTANTS, LLC	16134 LIMESTONE LAKE DR	_ □ Add
		TOMBALL, TX 77377	Remove
		****	Change
<u></u>		 	Add
		***************************************	☐ Remove
			☐ Change
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. If amending any other inform	nation, enter change(s) here:	: (Attach additional sh	neets, if necess	ary.)	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this	ust be specific and cannot be prior to	o date of filing or more than		ing.) Pursuant to 60:	
document's effective date on the		ore statutory ming requi	rements, this d	ate will not be fist	led as tile
the record specifies a delay) The 90th day after the re		an effective time, a	at 12:01 a.n	n. on the earli	er of:
Dated MAY 1	, 2017	···			
TZC	Le				
	Signature of a member or author	ized representative of a me	ember		
ROLANDO CHANG	Typed or printed				

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Filing Fee: \$25.00