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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Sect Division of Corpo			
CHRIFOT.	OLA	RNA LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	SUSA	N TAYLOR	
		Name of Person	
		OLARNA LLC	
	Pirm/Company		
	12 R10 G	RANDE DR	
		Address	
	LE	ESBURG, FL 3	4748
		City/State and Zip Code	·····
		R @ CICIRA · COM to be used for future annual report notif	
Ear firehar information oar	n-man address: (·	(cation)
For further information cor	icerning this matter, please ca	dti.	
SUSAN TA	HLOR	at (<u>813</u>) <u>326 -</u> Area Code Daytime	1200
Name of I	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee \$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)
Registrat	GADDRESS: ion Section of Corporations	STREET/COURI Registration Section Division of Corpora	n

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLARI	NA LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appea imited Liability Company)	rs on our records.)	 _
The Articles of Organization for this Limited Liability Co Florida document number <u>L1600136932</u>	mpany were filed on	7/21/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :	
AVME LLC			لمين
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	ESS)		
			1999
			=
Enter new mailing address, if applicable:	<u></u>		က က က
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address.		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
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n effecti <u>te:</u> If t		must be specific and block does not i	d cannot be prior t meet the applica		more than 90 days a	ptional) ifter filing.) Pursuant to 605.0. this date will not be listed
	d specifies a delay Oth day after the r			an effective	time, at 12:0	1 a.m. on the earlier
ed	DECEMBER Susan T	26	2018	_ ·		
	C	ants				
	Sucon 1					

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Filing Fee: \$25.00