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Amend

JUN 24 ZOTS I ALBRITTON

## COVER LETTER

AVALANCHE MIAMI INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sandra R Calderaro Name of Person Calderaro Tyrrell Law Group Firm/Company 6301 NW 5th Way Suite 2000 Address Fort Lauderdale, FL 33309 City/State and Zip Code dlondono@visamiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 Daniela Londono 376-6161 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 ARTICLES OF ORGANIZATION **OF**

## AVALANCHE MIAMI INVESTMENTS LLC

company has been notified in writing of this change.

AVALANCHE MIAMI INVESTMENTS LLC		
	••	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>(18.)</u>
The Articles of Organization for this Limited Liability Compan L17000007694	y were filed on	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1820 SW 33 CT Miami Fl 33	145
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1820 SW 33 CT Miami Fl 33	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		s, enter the name of the
egistered agent and/or the new registered office address he  Name of New Registered Agent:		s, enter the name of the
egistered agent and/or the new registered office address he		
registered agent and/or the new registered office address he  Name of New Registered Agent:	Enter Florida street addre	vs
registered agent and/or the new registered office address he  Name of New Registered Agent:	Enter Florida street addre	

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vicencio Colmenares	1820 SW 33 CT Miami Fl 33145	
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fective date, if other than effective date is listed, the ote: If the date inserted incument's effective date of	this block does not	t meet the applical	date of filing or more le statutory filing t	(optiona than 90 days after fili equirements, this da	ng.) Pursuant to 605.020
record specifies a d The 90th day after t	elayed effective ne record is filed	date, but not d.	an effective tin	ne, at 12:01 a.m	ı. on the earlier o
May 6		2019	<u>.</u> .		
	Signature of	a member or author	ized representative of	a member	10-
	AXIMILIANO A			/	

Page 3 of 3

Filing Fee: \$25.00