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**B FIGUEROA** JAN 26 2018

# **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	ст: <u>Ауа ю</u>		s Ventures LLC ted Liability Company	
The enc	losed Articles of A	mendment and fec(s) are subr	nitted for filing.	
Please r	eturn all correspond	dence concerning this matter t	to the following:	
		<u>Qa'osia</u>	O. Mendes Name of Person	
		Avalon Iv	nuestments Ventur Firm/Company	ies LLC
		7840 Cari	na Court	
		Lake Wor	Hy FZ 33467 City/State and Zip Code	1
		mendes cas E-mail address: (t	sia hotmail. co	ication)
For furt	her information cor	ncerning this matter, please ca	ili:	
_C	Name of I	Mendes	at ( <u>Ø61</u> ) <u>502 - 9</u> Area Code Daytime	970 Telephone Number
Enclose	d is a check for the	following amount:		
\$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)

### 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

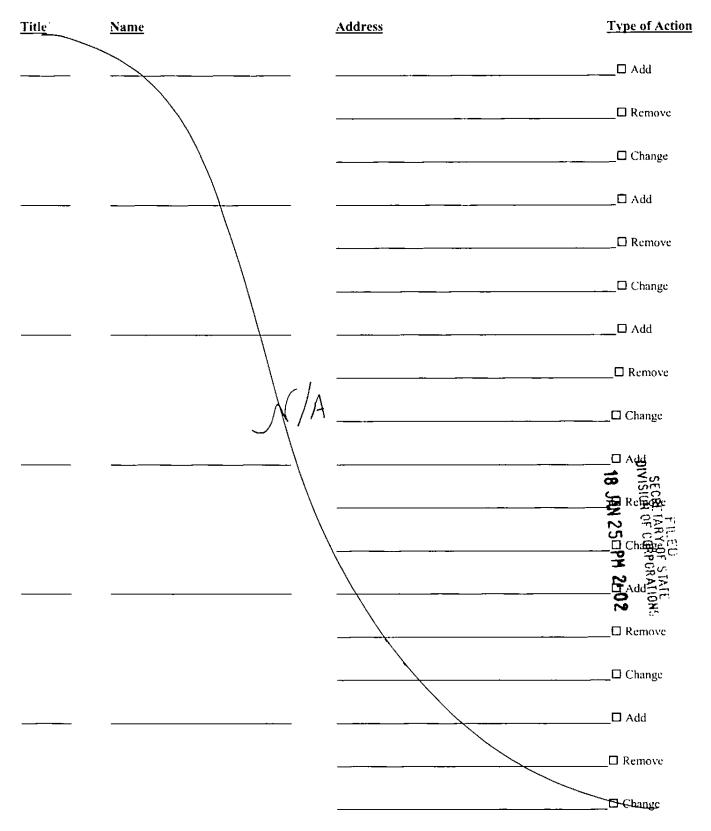
A va lon I nues m (Name of the Limited Liability) (A Florida	ents ity Company as a Limited Liabili	en ture s it now appears on on ity Company)	LLC our records.)		
The Articles of Organization for this Limited Liability C		e filed on <del>02</del> /	08   2017	and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim  Avalor Family Properties	nited liability ら、んんC	company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Co	ompany," the design	ation "LLC" or the abl	breviation "L.I	L.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADD)	RESS)				
Enter new mailing address, if applicable:	_	)(/A		_	
(Mailing address MAY BE A POST OFFICE BOX)			<del>.</del>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		address on our	records, <u>enter</u>	the name	of the new
Name of New Registered Agent:	XIA			——A#	
New Registered Office Address:	X LA_	Enter Florida si	reet address	25 P	FILE TARY C OF COR
	.( , ,		121	±	25 25 25 25 25 25 25 25 25 25 25 25 25 2
		City	, Florida	Zip Garde	TATE ATION
New Registered Agent's Signature, if changing Registere	ed Agent:				(A)

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



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an effective date  ote: If the da  ocument's effe	if other than the date of filit is listed, the date must be specific are inserted in this block does not ctive date on the Department of ecifies a delayed effective ay after the record is filed	d cannot be prior to date of filin meet the applicable statutory State's records. date, but not an effect	y filing requirements, this date	.) Pursuant to 605.0 will not be listed	d as
ated	aruary all Oillie Signature of a		htative of a member	18 JAN 25	DIVISION O
	Caosia	5. Mendes. Typed or printed name of sig	nee	1	F COR
				P# 2	(POX)
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Filing Fee: \$25.00