117000077670

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S. WARREN AUG 2 5 2017

COVER LETTER

TO:	Registration Se Division of Cor						
CUDIE	ANO Realt						
SUBJE	СТ:		ited Liability Company				
		Amendment and fee(s) are sub	-				
		Raymond Lazowski					
			Name of Person				
			Firm/Company				
		5706 Mayflower Way Unit	207				
	5706 Mayflower Way Unit 207 Address						
		Ave Maria, FL 34142 City/State and Zip Code					
		ication)					
For furt	her information c	oncerning this matter, please ca	to be used for future annual report notifiall:	(Carlott)			
Raymo	nd Lazowski		239 675-2426				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for the	ne following amount:					
\$25	5.00 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

ANO Realty LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number L17000077670	Company were filed on	and assigned
Florida document number	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Ave Realty LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		ords, enter the name of the ne
registered agent and/or the new registered office add	iress nere:	
W		
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street ad	dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere	complete performance of my duties agent as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
company has been notified in writing of this change.		
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		<i>√</i> 2 - -

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
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lective date, if other than th in effective date is listed, the date in ite: If the date inserted in this l	ust be specific and ca block does not mee	nnot be prior to	date of filing or	more than 90 de	ays after filin	g.) Pursu e will n	ant to 6	05.0 isted
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record specifies a delaye	ed effective dat	e, but not	an effective	e time, at 12	2:01 a.m	. on th	e ear	lier
The 90th day after the re	cord is filed.							
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Filing Fee: \$25.00