## L17000 115842

(Re	equestor's Name)		
(Ad	idress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Na	me)	
(Document Number)			
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		9/20/21 TM	
	_	14.	

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09/10/21--01018--026 \*\*25.00

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	AVERS LLC	· -	<u>.</u>	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LEANDRO A FANHA			
		Name of Person		
		Firm/Company		
	2660 TALL MAPLE LOC			
		Address		
	OCOEE FL 34761			
		City/State and Zip Code		
	JULIANAMGAVIAO@HO	OTMAIL.COM  to be used for future annual report noti:	Goutian)	
			neation)	
For further information of	concerning this matter, please c	all:		
JULIANA KARFITSAS				
Name of Person at ()  Name of Person Area Code Daytime Telephone Number		e Telephone Number		
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LOGAN PAVERS LLC

company has been notified in writing of this change.

21 SET 10 PH 12: 09

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Compa	any were filed on $\frac{05/25/2}{2}$	and assigned
Florida document number 1.17000115842	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
SAME			
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>	
Fator many multiper addresses if a multiplication		SAME	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addr	_	ce address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	SAME		
New Registered Office Address:			
	Enter Florida street address		
		City Zip Code	
		City	Zıp Code
New Registered Agent's Signature, if changing	Registered Age	ent:	
I hereby accept the appointment as register provisions of all statutes relative to the pro			

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

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

	20.09
Address	21 SET IN PH 12: 09

Title	<u>Name</u>	Address	Type of Action
AMBR	TATIANE FANHA	2660 TALL MAPLE LOOP	□Add
			■Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee