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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067

Phone

: (407)370-3686

Fax Number

: (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

support P. larsonacciom

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AVG HOMES LLC

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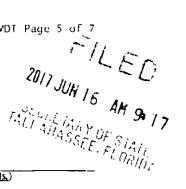
JUN 1 9 2017

COVER LETTER

TO:		istration Secti Islon of Corpo				
CIID II	cer.	AVG HOME:	S LLC			
30631	CC 1,		Name of Limi	ited Liability Company		
The en	closed	l Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspond	lence concerning this matter	to the following:		
			CAROLINE G LARSON			
			·	Name of Person		
	LARSON ACCOUNTING AND CONSULTING SERVICES LLC					
				Firm/Company		
	7901 KINGSPOINTE PKWY STE 17					
				Address		
ORLANDO, FL 32819						
				City/State and Zip Code		
			support@larsonacc.com		The Control of the Co	
			E-mail address; (to be used for future annual report	notrication)	
For fu	rther i	nformation cor	ncerning this matter, please c	all:		
CARC	OLIN	G LARSON		407 3703686		
		Name of F	Person	Area Code Da	ytime Telephone Number	
Enclos	sed is	a check for the	following amount:			
■ \$2	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 From Larson Accounting 1.321.888.4919 Fri Jun 16 08:22:36 2017 MDT Page 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AVG HOMES LLC

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

The Articles of Organization for this Limited 1	iability Company	were filed on 06/06/201	and assigned	
Fiorida document number L17000124071	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE,	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the nev	
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida 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

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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

<u>Title</u>	Name	Address	Type of Action
AMBR	TAMI VIECILI GONCHOROSKI	10106 Windermere Chase Blvd	D Add
		GOTHA, FL 34734	□ Remove
			_⊟ Change
AMBR —	Carlos Antonio H Gonchoroski	10106 Windermere Chase Blvd	C ∧dd
		GOTHA. FL 34734	□ Remove
			□ Remove
			☐ Change
			20 Add July 25 Add Add Add Add Add Add Add Add Add Ad
			- Ft Charter
			Add J
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (uptional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0267 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member H GONCHOLOSKI Typed or printed name of signee

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Filing Fee: \$25.00