

L17000 192 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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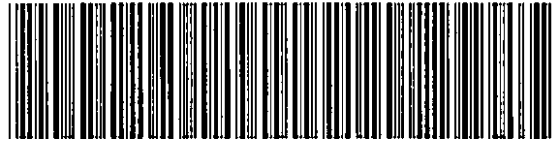
(Business Entity Name)

(Document Number)

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2019 OCT -7 PM 1:48  
TALLAHASSEE, FLORIDA

FILED

W. SULKER  
OCT 24 2019

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avalon Boulevard, LLC  
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:

Brian Ward

Name of Person

Avalon Boulevard, LLC

Firm/Company

3693 Avalon Blvd

Address

Milton, FL 32583

City/State and Zip Code

wanda@qualityroofingsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Weber

Name of Person

at ( 850 )

Area Code

777-0961

Daytime Telephone Number

Enclosed 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:**



**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**

**Avalon Boulevard, LLC**

(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 Liability Company were filed on September 14, 2017 and assigned Florida document number L17000192164.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

3693 Avalon Blvd, Milton, FL 32583

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

3693 Avalon Blvd, Milton, FL 32583

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

3693 Avalon Blvd

*Enter Florida street address*

Milton

*City*

Florida

32583

*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Brian Ward</u>	<u>3693 Avalon Blvd, Milton, FL 32583</u>	<input checked="" type="checkbox"/> Add
		<u>3593 Avalon Blvd, Milton, FL 32583</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Wanda Weber</u>	<u>3693 Avalon Blvd, Milton, FL 32583</u>	<input checked="" type="checkbox"/> Add
		<u>3593 Avalon Blvd, Milton, FL 32583</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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