## L17000196127

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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			•	
ov. n. om	AVALON	INCORPORATORS LLC	С	
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:		1
		Yanet Comesanas		
		AVALON INCORPORATORS LLC  Name of Limited Liability Company  ent and fee(s) are submitted for filing, oncerning this matter to the following:  Yanet Comesanas  Name of Person  VGV (US) LLC  Firm/Company  2020 Ponce de Leon, Suite 904  Address  Coral Gables, FL 33134  City/State and Zip Code yanete@vivancoyvivanco.com  F:-mail address: (to be used for future annual report notification) g this matter, please call:  1786  Area Code  Daytime Telephone Number  at (786  Area Code  Daytime Telephone Number  ing amount: 0.00 Filing Fee & S60.00 Filing Fee & Certificat of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
		VGV (US) LLC		
		Firm/Company		<del></del>
		Address		
		Coral Gables, FL 331	134	
		City/State and Zip Code		
		yanetc@vivancoyviv	anco.com	
	E-mail address: (	to be used for future annual	report notification)	i
For further information of	concerning this matter, please ca	all:		
Yanet C	Comesanas		471-4655	
Name c	of Person		Daytime Telepho	one Number
				ļ
Enclosed is a check for t	he following amount:			li
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certificate Copy
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations 27	Registr Divisio The Ce	ation Section n of Corporatio ntre of Tallahas	ssee
Tallahassee,	rt 32314			<b>1</b> 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVALON IN	CORPORATORS LLC		
(Name of the Limit	ed Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)	
	(777 Kinda Danied Daolity Comp	any r	
The Articles of Organization for this Limited L	iability Company were filed c	on09/21/2017	and assigned
Florida document number L17000196127			1
			}
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability compa	ny here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company,"	" the designation "LLC" or	the abbreviation "L.L.C."
Futou nous principal officers address if smalle	blo.		
Enter new principal offices address, if applic			<u></u>
(Principal office address MUST BE A STREE	<u>.1 ADDKESS)</u>		<u>                                     </u>
	<del> </del>		<u>;</u>
			!
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	<del></del>		,
B. If amending the registered agent and/or i		our records, enter the	name of the new registere
agent and/or the new registered office addre	ss nere:		
	JUAN JOSE VALERIO AL	EADO	
Name of New Registered Agent:	JOAN JOSE VALERIO AL	JAKO	
New Registered Office Address:			
	Ente	er Florida street address	
		, Florid	  a
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete performan istered agent as provided fo registered office address. I	ce of my duties, and I or in Chapter 605, F. <b>\$</b>	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amendin or removed	g Authorized Person(s) authorized to m I from our records:	nanage, enter the title, name, and address	of each person being added
MGR = N AMBR = A	Janager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CALROS JAVIER FIALLO	2020 Ponce de Leon Blvd, Suite 904	□Add
		Coral Gables, FL-33134	Remove
			☐ Change
AMBR	JUAN JOSE VALERIO ALFARO	2020 Ponce de Leon Blvd, Suite 904	■Add
		Coral Gables, FL-33134	☐ Remove
			│ □ □ Change
			□ Add
			Remove
			☐ Change
			  }    □ Add
			☐ Remove
			☐ Change
			Remove
			☐Change
			□Add
			Remove
			Change

. If amendir	ng any other informatio	on, enter chang	ge(s) here: <i>(A</i>	additional	sheets, if nece	ssary.)	
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Note: If th	late, if other than the dedate is listed, the date must be date inserted in this blocks effective date on the Dep	ck does not meet	the applicable	te of filing or more t statutory filing re	(option han 90 days after quirements, this	nal) filing.) Pursuant to 6 date will not be li	05.0207 (3)( sted as the
he record spe ord is filed.	ecifies a delayed effective	date, but not an e	effective time,	at 12:01 a.m. on t	he earlier of: (b	The 90th day af	ter the
Dated	April 4	2	024	<b>A</b> .			
Dated		,	·				
	s	ignature of a mem	ber or authorized	representative of a	member		
			Juan Jose Va	alerio Alfaro			
-		Тур	ed or printed na			1	

Filing Fee: \$25.00