

L17000196127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100428383091

04/23/24--01033--015 **60.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON INCORPORATORS 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:

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
yanetc@vivancoyvivanco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanet Comesanas 786 471-4655
Name of Person at () Area Code 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
AMBR	CALROS JAVIER FIALLO	2020 Ponce de Leon Blvd, Suite 904	<input type="checkbox"/> Add
		Coral Gables, FL-33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN JOSE VALERIO ALFARO	2020 Ponce de Leon Blvd, Suite 904	<input checked="" type="checkbox"/> Add
		Coral Gables, FL-33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (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.

Dated April 4, 2024

[Handwritten signature]

Signature of a member or authorized representative of a member

Juan Jose Valerio Alfaro

Typed or printed name of signee

Filing Fee: \$25.00