117000196796

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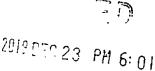
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COVER LETTER

TO: Registration Solution of Co.				
AV EXPE	RT LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	EVA MELO			
		Name of Person		
	VIP BUSINESS CONSUI	LTING LLC		
		Firm/Company		
	6499 POWERLINE RD. S	SUITE 101		
		Address		
	FORT LAUDERDALE, F	L		
		City/State and Zip Code		
	EVA.MELO@VIPBUSINI			
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report notificational:	n)	
EVA MELO		954 228-2410 at ()		
Name e	of Person	Area Code Daytime Tele	phone 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 Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporat	tions	
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2413 N. Monroe Stro	cet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AV EXPERT LLC		0
(Name of the Limited Liab (A Flor	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000196796	Company were filed on 09/22/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	t the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines 1: Wind 30 eet adaress	
	, Flori	da Zip Code
	Out.	mp com

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>	Type of Action
MGRM	LIMA, DAYANA	4077 NW 61ST TER CORAL SPRINGS, FL 33067	
			■ Remove
			☐ Change
			☐ Remove
			Change
			D Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
		<u> </u>	□ Remove
			Change

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

(If an effection Note: If t	01/02/2019, at 12:01 a.m. date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: oth day after the record is filed.
Dated	12/19/2019
	Signature of a member or authorized representative of a member
	ALEX CORREA
	Typed or printed name of signee

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Filing Fee: \$25.00