## 1/8000/06835

(F	Requestor's Name)
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## **COVER LETTER**

		ition Secti of Corpo			•	
cup ve c	_ AW	E KINSE	R PIKE, LLC			
SUBJEC	:1:		Name of Limi	ted Liability Company		
The enclo	osed Arti	icles of An	nendment and fee(s) are subt	nitted for filing.		
Please re	turn all c	orrespond	ence concerning this matter t	to the following:		
			PATRICIA C. MERINGE	R		
			<del></del>	Name of Person		_
				Firm/Company		<del></del>
			5020 CLARK ROAD UNI	T 238		
				Address		_
			SARASOTA, FL 34233			
				City/State and Zip Code		_
		-	E-mail address: (t	o be used for future annual rep	ort notification)	
For furth	er inforn	nation cond	erning this matter, please ca	H:		
PATRIC	IA C MI	ERINGER		941 587-5 at ( )	255	
		Name of Pe	erson	Area Code	Daytime Telephone Numb	er
Enclosed	is a che	ck for the f	ollowing amount:			
\$25.0	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	Filing Fee, cate of Status & ed Copy al 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVVE NINSER PINE, LLC		
( <u>Name of the Limited L</u> (A F	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 04/27/201	and assigned
Florida document number L18000106835	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	1 "LLC" or the abbreviation L.C.
		SEC SEC
Enter new principal offices address, if applicable	e: ·	
(Principal office address MUST BE A STREET A	(DDRESS)	
		<b>70</b> 2000
		orr
Enter new mailing address, if applicable:		. <b>0</b> :
(Mailing address MAY BE A POST OFFICE BO)	<b>X</b> )	
in the state of th		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street	and the same
	Enter Prortat Mileci	auur ess
-		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete performance of my duti red agent as provided for in Chapter istered office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	PATRICIA C. MERINGER	5020 CLARK ROAD UNIT 238	Add
		SARASOTA, FL 34233	🗖 Remove
			☐ Change
		<del></del>	
			□ Remove
			Change
			Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00