# L18000116751

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(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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TALLAHASSEE FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A TO Z INSPECTIONS Name of Limit	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
Alex von Zi	Name of Person
A TO 7	LASSECTIONS LAC
	INSPECTIONS, LLC Firm/Company
632 As-	TARIAS CIR Address
_ FORT MYER	City/State and Zip Code  @ 9 Mail - com o be used for future annual report notification)
110	City/state and Zip Code
E-mail address: (b	o be used for future annual report notification)
For further information concerning this matter, please ca	ill:
Alex Von Zittwitz Name of Person	at (239) 672 · 0125 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy tadditional copy is enclosed)  □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H TO L INSPECTIONS	, U.C.	
(Name of the Limited Liability Compa (A Florida Limited	n <u>iv as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MAY 9, 2018	and assigned
Florida document number <u>L 18000116751</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AVONZ LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		202
		第三十
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
agent and/or the new registered office address here.		AH IS. ST
Name of Name Davidson day and		සු දුරු දැන් <b>ල්</b>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Liner i wraa sifeet aaaress	
	, Florid:	a Zip Code
	City.	soft Come

#### New Registered Agent's Signature, if changing Registered Agent:

Λ

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

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	<del></del>
Note	ctive date, if other than the date of filing:
ecord is	
Date	d 6/6/23  Signature of a member or authorized representative of a member
	Maner
	Signature of a member or authorized representative of a member
	$\Lambda_{i}$ $\rightarrow 1$ $i$ $\leftarrow$
	Hex von Zittwitz Typed or printed name of signee