L18000150910

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COVER LETTER

TO: Registration Se Division of Cor		,			
AVA Tradi	ng LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
·	Olga Santini				
		Name of Person			
,	OSP Consulting LLC				
		Firm/Company			
	1541 Brickell Avenue - Su	ite 1806			
		Address	<u> </u>		
	Miami, Florida 33129				
1		City/State and Zip Code	 		
	osantini@bellsouth.net				
		to be used for future annual report notif	ncation)		
For further information c	oncerning this matter, please ca	all:			
Olga Santini		786 812 1 7 05			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of T	-		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 HAR 28 PM 2: 07

AVA TRADING LLC

(Name of the Limited Liability Company as it now appears of Curve Cords V UF STATE
(A Florida Limited Liability Company) IALLAHASSEE, FL

The Articles of Organization for this Limited Liability Com	pany were filed on 06/19/20	and assigned		
Florida document number L18000150910				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
Legalia International LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our record	ls, enter the name of the new registere		
New Registered Office Address:	reet address			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered A	gent:	•		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capa plete performance of my a t as provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is		
<u> </u>	Changing Registered Agent S	ionature 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>	Address	Type of Action
tter			□Add
			□Remove
			□Change
			□ Add
		 	□Remove
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			□Add
			□Remove
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			□Remove
			□Change

								
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Note: If the date	other than the d listed, the date must b inserted in this bloc ive date on the Dep	k does not meet	the applicab	date of tiling or le statutory fi	more than 90 ling requirer	(option days after finents, this d	al) ling.) Pursuant late will not b	to 605.020° oe listed as
record specifies.	a delayed effective of	late, but not an o	effective time	e, at 12:01 a.n	n. on the ear	lier of: (b)	The 90th da	y after the
i is med.								
		. 2	022					
March 23,		(00,0		Par zed representat	nell ve of a memb	a a		

Filing Fee: \$25.00