L18000172227

(Requestor's Name)		
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COVER LETTER

ΓO:	Registration Sec Division of Corp			
		NTERPRISES LLC		
SUBJE	CT:	Name of Limit	ted Liability Company	
		Amendment and fee(s) are subm		
Please (return all correspoi	ndence concerning this matter t	o the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	TTE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: ()	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
MARS	SHA SIHA		855 829-9090 at ()	
	Name o	f Person	Area Code Daytime	c Telephone Number
Enclos	ed is a check for th	he following amount:		
□ \$2	5.00 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:

TO:

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

AVENIR ENTE	RPRISES LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company		and assigned	
Florida document number L18000172227			
-lorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	18008 ALLISON PARK PL. #106		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647		
Enter new mailing address, if applicable:	18008 ALLISON PARK PL. #106		
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33647		
		-	
B. If amending the registered agent and/or registered of	ffice address on our records, <u>en</u>	ter the name of the	
registered agent and/or the new registered office address her	<u>e</u> :	23 =	
Name of New Registered Agent:		<u> </u>	
New Projectored Office Address:		O	
New Registered Office Address:	Emer Florida street address		
	, Florida		
	City	Zip Code	

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>	<u>Type of Action</u>
AMBR	SIGOURNEY CHARLTON	18008 ALLISON PARK PL. #106	
		TAMPA, Fl. 33647	
			☐ Remove
			■ Change
AMBR	ANDREW JOSEPH	18008 ALLISÓN PARK PL. #106	
		TAMPA, FL 33647	
			□ Remove
			■ Change
			Remove
			□ Change
		 -	Add
			☐ Remove
		 	☐ Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
			Change

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(If an effective date is listed, the c Note: If the date inserted in	an the date of filing:	
f the record specifies a de b) The 90th day after th	elayed effective date, but not an effective tim e record is filed.	e, at 12:01 a.m. on the earlier of:
Dated	2019	
	ney Charles Signature of a member or authorized representative of	
-Silvania	Signature of a member or authorized representative of	a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00