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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Sec Division of Corp	
SÜBJECT: AVA	Name of Limited Liability Company
The enclosed Articles of 7	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Chrystianne Figuered Name of Person
	Firm/Company
	3035 N. Bay RD Address
	miami Beach, FL 33140 City/State and Zip Code
	Chrystianne OTEGMail, Com E-mail address: (to be used for future annual report notification)
For further information ec	oncerning this matter, please call:
Chrystianne Name of	Ferson at (784) S10-7092 Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

any as it now appears on our records.) Liability Company)	
y were filed on <u>08/24/2018</u>	and assigned
bility company here:	1
ility Company," the designation "LLC" or the abbi	reviation "Iz.L.C."
3035 N. Bay PD	٠ <u>٠</u> ٠. <u>س</u>
miami beach, FL 33140	
3035 N. Bay RD miami beach F1,33140	
office address on our records, <u>enter t</u> re:	he name of the
Enter Florida street address	
, Florida	
City	Zip Code
	ility Company," the designation "LLC" or the abbutance of

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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		
			□ Remove
			Change
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(If an eff Note:	ive date, if other than the date of filing:	
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	MAY 5 2019	
	Chuptianne Figures Signature of a member or authorized representative of a member	
	Chrystanne Fauereo Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00