Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: E & F LATIN GROUP LLC Account Name

Account Number : 120160000049 : (954)384-8565 Phone

Fax Number ; (954) 385-5175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVAT GROUP LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

EXAMINER

Electronic Filing Monu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVAT GROUP LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appropri on our regards.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000203921		and assigned
This amendment is submitted to amend the following:		
4. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	2016
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or	the ubbreviation "LL.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10461 NW 82 ST UNIT 12	. 2
	DORAL FL 33178	
		ت.
Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	10461 NW 82 ST UNIT 12	8: 24
	DORAL FL 33178	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ater the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enser Fiorida street address	
	, Florid	la
	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:

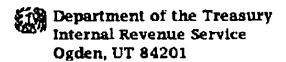
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEJANDRO VILLANTIEVA	10461 NW 82 ST UNIT 12	Add
		DORAL FT. 33178	
			Remove
			Change
MGR	ANDREAS. TAMAYO	10461 NW 82 ST UNIT 12	
		DORAL FL 33178	© Remove
			27
		······································	
			□ Add
			E P
			Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remové
			Change
			Add
			Remove
			Change

EIN # 36.4908275	
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ment's effective date on the Department of State's records.	
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d SEPTEMBER 26 2018	•
· 11 \ —11	
Signature of a quember or authorized re	- member

08/21/2018 11:55:02 AM -0400 IRS

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In reply refer to: Sep 21, 2018 36-4908275 0457306053 LTR 147C

AVAT GROUP LLC
ALEJANDRO VILLANUEVA MBR
10461 NW 82ND ST HIGHLAND
DORAL FL 33178-4396 998

Taxpayer Identification Number: 36-4908275

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of September 21st, 2018.

Your Employer Identification Number (EIN) is 36-4908275. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

M. ANDRADE 1003376109 Customer Service Representative