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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Avertar Anto Carriers LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edgardo Torres Negran Name of Person	
Avatur Anto Carriers LLC Firm/Company	
217 e Lemon St Address	
Paven Part F.L. 33837 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Edgardo Toures Negrin at (321) 503 - 52 18 Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. 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



Avatar Anto Co	avrices LL C iability Company as it now appears on our rec- lorida Limited Liability Company)	ords.)
(Name of the Limited L. (A F	iability Company as it now appears on our recolorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 10 -09	- 18 and assigned
Florida document number L18000236914		
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or a registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	iress
		Florida
_	City	Florida Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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	EDGARDO TORRES NEGRON	217 E LEMON ST DAVENPORT FL 33837	■ Add
			□ Remove
			Change
MGR	JOSEPH RAMOS TORRES	5 E PALM ST DAVENPORT FL 33837	D Add
			≅ Remove
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			□ Add
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record specifies The 90th day afte			te, but not	an effecti	ve time, a	t 12:01 a.	m. on the	earlier of:
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Filing Fee: \$25.00