118000) 237511

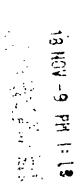
(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Anny

COVER LETTER

Division of Co	rporations		
AVI Quant	titative Investment Group		
30bjec1	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
•	Tomas Yi c/o Drew Stantor	1	•
		Name of Person	
	AVI Quantitative Investmen	nt Group LLC	
		Firm/Company	
	225 Royal Palm Drive		
		Address	
	Largo, FL 33771		
		City/State and Zip Code	 -
	Tomas.yi@aviqig.com		✓
	E-mail address: (to	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	H:	
Tomas Yi		808 722-6222	
Name c	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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

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

AVI Quantitative Investment Group LLC (Name of the Limited Liability C	Company as it now appears on our records.)
(A Florida Lir	Company as It now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on 10-06-2018 and assigned
Florida document number 1.18000237511	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address	
Name of New Registered Agent:	
registered agent and/or the new registered office address	red office address on our records, enter the name of the s here: Enter Florida street address
registered agent and/or the new registered office address Name of New Registered Agent:	<u>s here</u> :

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>	Type of Action
MGR	James Zinkovich	1917 Blue River Rd. Holiday FL 34691	
		☐ Remove	
			
			Add
			Remove
			☐ Change
			Add
			□ Remove
		-	☐ Change
			Add
			□ Remove
			Change
		Remove	
		Change	
		Remove	
			□ Change

	
 	
ective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0.
n effective date is listed, the date must be specific and cannot be price	icable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
November 6 2018	
Signature of a member or auti	horized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00