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Name Change

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 6 AVRILITA FAMILY, 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:	
VIORE BAJRILITA Name of Person	
Garrilito Family LLC Firm/Company	
131 Whispering Lave DR.	
Santa Rosa Deach, Fl. 32 E City/State and Zip Code C-diana 2002 Jahoo com E-mail address: (to be used for future annual report notification)	F 1 E 1)  022 FEB 24 PH 2: 05  55 PH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information concerning this matter, please call:	2: 0:
Viore 1 (850, 687-5805	(AMBR)
Viore  Name of Person  Diquo  Name of Person  Name of Person	MGR
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAVRILITA F	AMILY LLC 1967 19
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>し れるののよう 3寸3</u> 9	were filed on 10/23/2018 and assigned &
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of	
Enter new principal offices address, if applicable:	131 Whispering Lake DR.
(Principal office address MUST BE A STREET ADDRESS)	Santa Rosa Beach T.L. 32459
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter 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 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
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: $0.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2$
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	02   22   2002
	12/2011-18
	Signature of a member or authorized representative of a member
	Typed or printed name of signee