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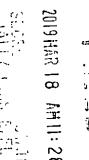
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBT	Avily Vent	ures LLC		
OUD	<u></u>	Name of Lim	ited Liability Company	
The c	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	indence concerning this matter	to the following:	
		Guillermo Puig		
			Name of Person	<u> </u>
		Avily Ventures LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	8860 SW 123ct, Apt k301			
			Address	
		Miami, FL 33154		
		guillopuig@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For fi	arther information c	oncerning this matter, please ca	all:	
Guill	ermo Puig		305 9248616 at ()	
1	Name o	f Person		Telephone Number
Enclo	osed is a check for th	ne 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:

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

AVILY VENTURES LLC	2019 HER 18	AM 11: 28	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our record	(s.)	
(A Florida Limited t	Were filed on 01/30/2019	<u> </u>	
The Articles of Organization for this Limited Liability Company		and assigned	
	were med on	and assigned	
Florida document number L19000031110			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Avili Ventures LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8860 SW 123ct, Unit k301		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33154		
Enter new mailing address, if applicable:			
			
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered of	ffice address on our records	s, enter the name of the	
egistered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida street addres	3.5	
	m	orida	
		Arida	

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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			🗆 Add
			☐ Remove
			☐ Change
			
			□ Remove
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			Remove
			Change

 			
		±	
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<u> </u>			

2. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to block does not meet the applica	o date of filing or more than 90 days at	
f the record specifies a delaye b) The 90th day after the re		an effective time, at 12:01	l a.m. on the earlier of:
Dated February 12	2019		
el A	<u> </u>	_ ·	
	Signature of a member or author	rized representative of a member	
Guillermo Puig			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00