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COVER LETTER

Division of Corporati	ons		
SUBJECT: AVM	VIV+ual 3 Name of Limite	Paralegal So	ervices LLC
The enclosed Articles of Amen			
Please return all correspondence	e concerning this matter to	o the following.	
	vanessa	Vele7 Name of Person	
<u> </u>	MM Vivtu	a Rovalegal S	ervices LLC
<u>(</u>	4442 Dra	YTON LN Address	
<u>(</u>	oviedo,	FL 327W City/State and Zip Code	5
_	V. Velez (o be used for future annual report notifie	legalservices.com
For further information concer	ning this matter, please ca	ıll:	
Van essa V	1e/e2	at (<u>407</u>) 394	- 9 095 Telephone Number
Enclosed is a check for the fol		Ti des do Filias Fau 8	□ \$60.00 Filing Fee,
☑ \$25.00 Filing Fee □	330.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sect	ion	Street Address: Registration Sec	tion .
Division of Corp P.O. Box 6327		Division of Corp The Centre of Ta	
r.O. Box 0327			C C '. 010

Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVM VIV Hual Davo	v as it now appears on our records.)
	DB (CV)
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
If amending name, enter the new name of the limited liabil	(Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company) rganization for this Limited Liability Company were filed on and assigned in number 4 10000 63 979 is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ipal offices address, if applicable: 4440 DAUTO 1: Sanddress MUST BE A STREET ADDRESS) ONLDO, PL 33765 Ing address, if applicable: 4442 DAUTO 15 35765 MAY BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: The Registered Agent: UST A TSCODAY pistered Office Address: 4443 DAUTO 15 3765 Enter-Florida street address Florida 3765 Zip Code
new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	444) Douton Un: \$
ncipal office address MUST BE A STREET ADDRESS)	ON600 12 337628
•	4442 Drayton LA
	idress on our records, enter the name of the new registered
Name of New Registered Agent: U ICT	oria Escober
New Registered Office Address: 4447	
<u>onla</u>	
gistered Agent's Signature, if changing Registered Agent:	
ons of all statutes relative to the proper and complete p	rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

f 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	michaelupshive Tr.	- Cimmel	_ □Add
		1101 Miranda LN KISSIMMER	_ ⊠Remove
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e record specific The 90th day a	es a delayed effectiv fter the record is file	re date, but not an ed.	effective time, at 12	::01 a.m. on the earlier
Dated PCCI	1000	2030.	I representative of a member	
		1 /		

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