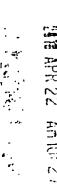
## 119000079325

Office Use Only



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## COVER LETTER

TO: Registration Section: Division of Corporations		
SUBJECT: _ VAVCA	of Limited Liability Company	
The enclosed Articles of Amendment and feo(s) ar	re submitted for filing.	٠ پرين ور
Please return all correspondence concerning this n	natter to the following:	·
<u> </u>	acella Olivera	
	AVCA LLC	
2400_	Sandy Pine Dri	ul
Purta 6	OYOG FL 33982 City/State and Zip Code	2
——————————————————————————————————————	nacely 1 @g may ress: (to be used for future annual report notifi	L Com
For further information concerning this nutter, ple	saw call:	
Anacella Olivera		5255 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee South \$30.00 Filing Fee & Certificate of State	<del>-</del>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (a@fidonal copy is enclosed)

MAILING ADDRESS:

¢

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT

**ARTICLES OF ORGANIZATION OF** VAYCA LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
(A.C. College	zamies tautinty company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number <u>L 1900007932</u>	_5	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	<u>ESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		r records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida x	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	

Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR1 Owner	Anacelia Olivera	2400 Sandy Pine Du Punta Gordon FL. 3398	Waxaa 37-
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			Change
			□ ∧dd
			Remove
			Change
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 11th . 2019
	Signature of a member or authorized representative of a member
	Avacelia Olivera Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00