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T. LETTERS

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TO:	Registration Se Division of Coa		•	≇ar ≠k
SUBJE	Avicola Na	am, LLC		
aubar		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Ernesto Manduca		
		Avicola Nam, LLC	Name of Person	
		4822 Lake Milly Di	Firm/Company	
		Orlando, FL 32839	Address	
		Candaexpense@gmail.com	City/State and Zip Code	
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notiful:	lication)
Gisela	Ramos		561 8144558 at ()	
	Name o	f Person		e Telephone Number
Enclose	d 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

FILED

Avicola Nam, LLC

(<u>Name of the Lin</u>	ited Liability Company as it no (A Florida Limited Liability C	ow appears on our records. 20 P 2 29
		ed on April 26, 2019 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability com	ipany here:
The new name must be distinguishable and contain the	words "Limited Liability Compa	iny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
B. If amending the registered agent and	t/or registered office add	fress on our records, enter the name of the n
registered agent and/or the new registered o	office address here:	
Name of New Registered Agent:	Giscla Ramos	
New Registered Office Address:	6127 Bartram Village Dr	
		Enter Florida street address
	Jacksonville	, Florida 32258
	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 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>	Address	Type of Action
MGR	Antonio Coa	4822 Lake Milly Dr	
		Orlando, FL 32839	■ Remove
			□ Change
MGR	Yazceminne Perdomo	4822 Lake Milly Dr	⊟ Add
		Orlando, FL 32839	□ Remove
		-	Change
			☐ Remove
			Change
			Remove
			Change
<u> </u>			
			Remove
			Change
			Add
			☐ Remove
			□ Change

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<u>vote:</u> 1	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	.0207 ed as i
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.	er of
) Dated _	ay 13	

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Typed or printed name of signee

Filing Fee: \$25.00