## L19000 154 159

(Requestor's Name)	
(Address)	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	-

Office Use Only



500332772325

08/85/19--01011--020 \*\*25.00

2019 AUG - 5 AH 10: 25

MR 15 JUBEN

## **COVER LETTER**

	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	DELIMAR VENTRELLA			
		Name of Person	, <u>,</u>	
	AVBV GROUP LLC			
		Firm/Company	<del></del>	
	1337 W 49TH PL # 505			
	Address			
	HIALEAH, FL 33012			
	CANDAEXPENSES@GM.	City/State and Zip Code AIL.COM		
	E-mail address: (	to he used for future annual report notifi	ication)	
For further information co	oncerning this matter, please ca	all:		
ANTONIO COA		561 814-4558 at ()		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed 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

TO:

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

AARA CKOOL FFC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000154159	y were filed on JUNE 11, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del>-</del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		
Name of New Registered Agent:	_	~ 25
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YAZCEMINNE PERDOMO	1337 W 49TH PL 505	<b>⊟</b> Add
		HIALEAH, FL 33012	= Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
		<del></del>	Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change

	<del></del>				_
					_
					_
					_
					_
<u> </u>			± , ₹ ,		_
				,	_
<u></u>					_
<u> </u>	<del>.</del>				_
				· · · · · · · · · · · · · · · · · · ·	_
		•	<u>.</u>	<u>.</u>	
					_
					_
<del>.</del>					_
<del></del>					
Effective date, if othe	r than the date of filing the date must be specific are do in this block does not ate on the Department of	nd cannot be prior to date of meet the applicable stat	f filing or more than 90 da	(optional) ys after filing.) Pursuant to 6 its, this date will not be li	05.02 sted a
Note: If the date insert					
Note: If the date inserted document's effective date on the record specifies	a delayed effective er the record is filed	date, but not an ef l.	fective time, at 12	::01 a.m. on the ear	lier
Note: If the date inserted document's effective date in the date i	a delayed effective er the record is filed	date, but not an ef l. 2019	fective time, at 12	::01 a.m. on the ear	lier
Note: If the date inserted document's effective date in the date i	a delayed effective er the record is filed	l.	fective time, at 12	::01 a.m. on the ear	lier
Note: If the date inserted document's effective date in the date i	er the record is filed	l.		::01 a.m. on the ear	lier

Page 3 of 3

Filing Fee: \$25.00