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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	AVANTEA	LLC	
SUBJECT:	Name of Limit	ed Liability Company	···
The enclosed Articles of Articles	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Am	Name of Person	D
		Firm/Company	
	17202 SU	W 284 ST	
	HOMESTE	AD FL 330	30
	AA45U(	AD FL 330 City/State and Zip Code CICESS@9Max o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	11:	
<u>Amirah</u>	Person	at ( <u>786)</u> 290 – Area Code Daytime	8408 Telephone Number
Enclosed is a check for the	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

### TO ARTICLES OF ORGANIZATION **OF**

JAVANTE	A LLC
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L19000/7782}{}$	Company were filed on $\frac{7/10/3-019}{2}$ and assigned $\frac{3}{2}$ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	
	2019 AUG
	Fi A M
Enter new mailing address, if applicable:	$x^2 - \overline{x}$
(Mailing address MAY BE A POST OFFICE BOX)	
	FE 2
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the nev ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IRENEMAHMED IRENEM AHMED	17202 SW 284 St	
		Homestead, FL 33030	Remove
			<b>⊠</b> Change
AMBR NASEEM AHMED	17202 Sw 284 St		
		Homestand, FL 33030	Remove
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<b>Fective date, if other</b> an effective date is listed, ote: If the date inserte ocument's effective date	the date must be spe d in this block doe	eific and cannot be es not meet the ap	prior to date of filin pplicable statutory	g or more than 90	(optional) days after filing.) Pu ents, this date will	suant to 605.0207 ( not be listed as the
e record specifies a The 90th day afte			: not an effect	tive time, at :	12:01 a.m. on	the earlier of:
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	Signati	ire of a member or	authorized represer	ntative of a member	er	_
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Page 3 of 3

Filing Fee: \$25.00