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(Address)	
(City/State/Zip/Phone #	7)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Copies Certificates	of Status
Instructions to Filing Officer:	





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	INC.			Avenue. Tallahas: ~ (850) 222-260	66. Fax (850) 222-1666
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AR	FICLES OF AMENDMENT	
ART	TO ICLES OF ORGANIZATION OF	=!ED
AVALON INTERNATIONAL GR		2023 MAR - 1 AM 9: 35
(Name of the Limit	ed Liability Company as it now appears on our ree (A Florida Limited Liability Company)	ords:) E 14 (Y OF STATE
The Articles of Organization for this Limited L Florida document number		and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	- 28
(Principal office address MUST BE A STREE	T ADDRESS)	
	<u> </u>	·····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE .	<u>BOX</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our reco fice address here:	rds, <u>enter the name of the new</u>
Name of New Registered Agent:	DAVID BAKER	
New Registered Office Address:	13596 WEYBURNE DRIVE	
<u></u>	Enter Florida street add	tress

, Florida 33446 Zip Code DELRAY BEACH

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.

City

/S/ DAVID BAKER

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
AP	ROSEMARIE E STOFFO	13596 WEYBURNE DRIVE	🗆 Add
		DELRAY BEACH, FL 33446	🖬 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	1073 HAR -1 AR 9: 35 EE. FLE	

E. Effective date, if other than the date of filing: ______(optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

March 1 Dated

2023

/s/ DAVID BAKER

Signature of a member or authorized representative of a member

DAVID BAKER

Typed or printed name of signee