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COVER LETTER

AVITE I	MPORTS LLC				
	Name of Lim	ited Liability Company			
cles of a	Amendment and fee(s) are sub	mitted for filing.			
orrespoi	ndence concerning this matter	to the following:			
	LIAN J BENCOSME GU	IZMAN			
	, , , , , , , , , , , , , , , , , , ,	Name of Person			
		Firm/Company			
	540 N STATE RD 434, S	SUITE 23			
		Address			
	ORLANDO, FL 32822				
		-	ode		
nation co			шан героп подик	cauon)	
ie Guzn	nan	407	751-0570		
Name of	Person	Area Code	Daytime	Telephone Number	
ak for the	e following amount:				
Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Cop	<i>;</i>	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
				ion	
n of Co	orporations	Divi	Division of Corporations		
	action contents of Address at ion Son of Contents of C	cles of Amendment and fee(s) are subsorrespondence concerning this matter LIAN J BENCOSME GU 540 N STATE RD 434, S ORLANDO, FL 32822 graviteimports@gmail.co E-mail address: (nation concerning this matter, please e ne Guzman Name of Person ck for the following amount: Fee \$30.00 Filing Fee &	AVITE IMPORTS LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: LIAN J BENCOSME GUZMAN Name of Person Firm/Company 540 N STATE RD 434, SUITE 23 Address ORLANDO, FL 32822 City/State and Zip Cograviteimports@gmail.com E-mail address: (to be used for future and aution concerning this matter, please call: the Guzman Name of Person Area Code ck for the following amount: Fee \$30.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certificate of Status Address: ation Section Region n of Corporations Divi 6327 The	AMITE IMPORTS LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing, orrespondence concerning this matter to the following: LIAN J BENCOSME GUZMAN Name of Person Firm/Company 540 N STATE RD 434, SUITE 23 Address ORLANDO, FL 32822 City/State and Zip Code graviteimports@gmail.com E-mail address: (to be used for future annual report notification concerning this matter, please call: the Guzman Name of Person The Gentre of Status Address: Certificate of Status Certified Copy (additional copy is enclosed) Address: attion Section n of Corporations Division of Corp The Centre of Ta	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Compare Florida document number L20000005015	a	_ and assigned		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviat	ion "L.L	C."
Enter new principal offices address, if applicable:		;		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
		<u>:</u> .	(G)	
		•	<u></u>	******
Enter new mailing address, if applicable:		<u> </u>		<u>[]</u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u> </u>
		<u>55</u>	2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the	<u>1e new</u>	registere
New Registered Office Address:				
New Registered Office Address.	Enter Florida street addres	<u> </u>		
	FI	orida	/*- /-	
New Registered Agent's Signature, if changing Registered Agen	·	2.47	Coae	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	ree to act in this capacity. I fu te performance of my duties, ar s provided for in Chapter 605.	nd I am familia F.S. Or. if this	ar with Aocun	and nent is

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>	Name	<u>Address</u>	Type of Action
AMBR	MARTINEZ FERNANDEZ, EURI	2749 BARCLAY LN	□Add
-		KISSIMMEE, FL 34743	□Remove
			Change
			□Add
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Effective date, if other than the an effective date is listed, the date in Sote: If the date inserted in this locument's effective date on the	ust be specific a block does not	ind cannot be prior timeet the applic	able statutory				
record specifies a delayed effect d is filed.	ive date, but n	ot an effective t	ime, at 12:01 a.	m, on the earlie	r of: (b) The 90tl	ı day aft	ter the
February 20 Dated	-H		· ·				
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Filing Fee: \$25.00