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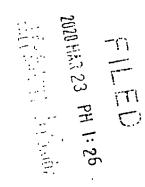
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Amendechs

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COVER LETTER

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TO:		istration Sec sion of Corp		,	
eub iez	CT.	MIRACLE I	LEAF HOLDINGS LLC		
SUBJEC	CI:		Name of Lim	ted Liability Company	
The encl	losed	Articles of z	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn	all correspoi	ndence concerning this matter	to the following:	
			ARNALDO VALIDO		
				Name of Person	
			MIRACLE LEAF HOLDI	NGS LLC	
				Firm/Company	
15250 S TAMIAMI TR		15250 S TAMIAMI TRL	STE 101		
				Address	
			FORT MYERS, FL 3390	8	
			<u> </u>	City/State and Zip Code	
			arnaldo_valido@yahoo.c		
For furth	her in	iformation co	E-mail address: (oncerning this matter, please of	o be used for future annual report notification.	on)
ARNAL	.DO	VALIDO	- ,	305 873-4766	
		Name of	Person	at () Area Code Daytime Tele	ephone Number
Enclosed	d is a	check for th	e following amount:		
≅ \$25.	.00 F	iling 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)
		ling Address gistration S		<u>Street Address:</u> Registration Sectior	1
 2	Div	ision of Co	orporations	Division of Corpora	ntions
), Box 632° lahassee, F		The Centre of Talla 2415 N. Monroe Sti	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Market Co. MIRACLE LEAF HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/22/2020}{1}$ Florida document number _____L20000027653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AVRSJ HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." 12590 SW 88TH ST Enter new principal offices address, if applicable: MIAMI, FL 33186 (Principal office address MUST BE A STREET ADDRESS) 12590 SW 88TH ST Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

MIAMI, FL 33186

New Registered Office Address:	Enter Florida stree	et address	_
	City	Florida	_

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			Change
		-	□Add
			□Remove
			©Change

	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
		·
		
		<u></u>
		
		
		<u> </u>
		
		
		
		
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Puck does not meet the applicable statutory filing requirements, this date wil	ursuant to 605.0207 (Il not be listed as t
e record specifies a delayed effective rd is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day after the
Dated	2020	
	Signature of a member or authorized representative of a member	<u></u>
ARNAL DO MALIDO		
ARNALDO VALIDO	Typed or printed name of signee	

Filing Fee: \$25.00