Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FAEHNER PLLC Account Number : I20170000081 Phone : (727)443-5190

Fax Number : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

23 AM 9

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVAM GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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NOV 2 + 2020

TO:

Registration Section

Tallahassee, FL 32314

Page: 2/5 From: Faehner PLLC Fax: 7274749949

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Cor	porations		
Avam Grou	ıp, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Michael J. Faehner		
		Name of Person	
	Fachner PLLC		
		Firm/Company	
	600 Bypass Drive, Suite 1	00	
	<u> </u>	Address	
	Clearwater, FL 33764		
		City/State and Zip Code	
	filings@fhnr.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Michael J. Faehner		727 443-5190 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		<u>Street Address:</u> Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

From: Faehner PLLC

Fax: 1274749949

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avam Group, LLC					
(Name of the Limit	ed Linbility Compa (A Florida Limited L	ny as it now annears on our reco- liability Company)	rds.)		
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on <u>03/23/2020</u>	a	nd assigned	d
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
AVAM, LLC					
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LL	.C" or the abbrevia	ion "L.L.C."	
Enter new principal offices address, if applie	able:	11614 Perpetual Drive			
(Principal office address MUST BE A STREET ADDRESS)		Odessa, FL 33556			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	11614 Perpetual Drive Odessa, FL 33556			
B. If amending the registered agent and/or agent and/or the new registered office addresses	ss here:		er the nume of t	2(fil) NOV 2	zistere:
Name of New Registered Agent:	AEA 20-20 LL	.C	<u> </u>	<u>ယ</u> း	
New Registered Office Address:	600 Bypass Dr			AH O	<u> </u>
		Enter Florida street addi	Less S	Ö ,	<u></u>
	Clearwater		Florida 33764.	<u>.F:</u>	
		City	· Zi,	o 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 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

11/23/2020 09:52:17 EST

MGR = Manager

To: 18506176383

Page: 4/5

From: Faehner PLLC

Fax: 7274749949

_ Change

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

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Removc
			□ Chang e
			□Add
			□ Remove
			Change
			Remove
			Change
			Remove
			DAdd
			□Change
			□Add
		<u>,</u>	□Remove

11/23/2020 09:52:17 EST . . To: 18506176383 Page: 5/5 From: Faehner PLLC Fax: 7274749949

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ote:	ve date, if other than the date of filing: ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
ecore	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 ed.
ated .	11/17, 2020
	1 My Fred
	Signsture of a member or authorized representative of a member