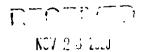
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COVER LETTER

то:	Registration Se Division of Cor		•	, . ,	
CUDIC		SERVICE LLC			
SUBJEC	JI:	Name of Limit	ed Liability Company		
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please re	eturn all correspo	ondence concerning this matter to	o the following:		
		SEAN ANDERSON			
			Name of Person		
		A VOTRE SERVICE LLC			
			Firm/Company		
		500 E LAS OLS BLVD, 140	03		
			Address		
		FORT LUADERDALE, FL	FORT LUADERDALE, FL 33301		
			City/State and Zip Code		
		SEAN@AVOTRESERVICE			
For furth	ier information c	e-mail address: (to	be used for future annual report not l:	ilication)	
SEAN A	ANDERSON		917 902-5149 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	l is a check for th	ne 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ection	
	Division of C	Corporations		Division of Corporations	
	P.O. Box 632		The Centre of 1		
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A VOTRE SERVICE LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny <u>as it now appears on our r</u> hability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000090589</u>	were filed on 03/26/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>_</u>	
(Principal office address MUST BE A STREET ADDRESS)		÷ 79
	_	020
		Nov
Enter new mailing address, if applicable:		1 2
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the projectional areas and/amondistant of Co. and	44	⁻ ယ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	adress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	KATHY ANN SCHARF	500 E LAS OLAS BLVÐ	□ Add
		1403	≣Remove
		FORT LAUDERDALE, FL 33301	□Change
		 	
			□Remove
			□ Change
		□Remove	
		□Change	
		□ Add	
		□ Remove	
		□Change	
		□Add	
			□Remove
			□Change
			□ Add
			□ Remove
			Change

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Effect	ive date, if other than the date of filing: (optional)
	ective 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 (2.16 by date incomed in this block date in the
docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thent's effective date on the Department of State's records.
he reco ord is f	d 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
OIU IS I	ned.
	NOVEMBER 07 2020
	NOVEMBER 07 2020
Dated	\mathcal{N}
Dated	W 1/2V
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee