## L20000/23/88

(Requ	estor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Avitro	Consulting LLC	•	
	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Gabor, Tovari Nagy	
		Name of Person	<del></del>
		Avitro Consulting LLC	
		Firm/Company	
	C/O TBC	PA 1001 Brickell Bay Dr. Ste 1200	
		Address	
		Miami, FL 33131	
		City/State and Zip Code	
	E-mail address: t	timea@ib-epa.com to be used for future annual report noti	tication)
for further information of	concerning this matter, please co	·	
Gabor, Tovari Nagy	,	at ( 305 ) 482-1975 Er Area Code Daytim	M 5
Name c	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration Division of C		Registration Sec Division of Cor	ction porations
P.O. Box 63:		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

Avitro Consulting LLC	20 Pil 4: 1
(Name of the Limited Liability Company as it now at (A Florida Limited Liability Compa	opears on our records.)  any)
The Articles of Organization for this Limited Liability Company were tiled or Florida document number <u>L20000123188</u>	May 6th, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter	r Florida street address
	Florida

## 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

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	GABOR T NAGY	C/O IBCPA 1001 BRICKELL BAY DR	🗆 Add
		MIAMI, FL 33131	
			□Change
MGR	MGR GABOR TOVARI NAGY	C/O 1001 BRICKELL BAY DR STE 1200	<b>\</b> \DAdd
		MIAMI, FL 33131	□Remove
			□Change
<del></del>	·		□ Add
			□Remove
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ffective	date, if other than the date of filing:
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the
ated	May 14 2020
	Signature of a member of authorized representative of a member
	GABOR TOVARI NAGY

Filing Fee: \$25.00