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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048 Phone : (954)793-0353

Fax Number : (954)944-3163

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AV SIE	CIRO, LLC. ed Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Li	ability Company were filed on 05/0	06/2020	and assigned	i
Florida document number L20000128504	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	nation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if application		<u> </u>		_
(Principal office address MUST BE A STREE	TADDRESS)			
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The Literal Stamplicables			<u> </u>	,,
Enter new mailing address, if applicable:	n.010		पुंचा ज	
(Mailing address MAY BE A POST OFFICE	<u> </u>		7	1 1
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B. If amending the registered agent and	or registered omee address on office address here:	ur recerus, ente	T the Maiories	110 1101
registered agent and/or the new registered of	mice addition here.			
Name of New Registered Agent:	VICTOR SILVA DETALO	ND SIEIRO		
New Registered Office Address:	1912 2300 AVENUE AC	T 2		
	_	i jireşi adaresi		
	VERO BEACH	, Florida _	32,960 Zip Code	
•	City		Zip 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 ull 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

(((H20000179894 3)))

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

Title	Name	Address	Type of Action
			Add
			□ Remove
			D Change
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			☐ Remove
			Change
			Add
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PLEASE	UPDATE THE LAST	T NAME OF:		·	
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Victor S	ilva Detalond SIE	CIRO			
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ument's effec	tive date on the Departme	ent of State's records.			
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