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DIVISION OF CORPORTITIONS

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COVER LETTER

TO:

	tion Secti of Corpo					
SUBJECT:	Ma	931e Avila L	LC			
30bjec1		Name of Limi	ited Liability Company			
The enclosed Arti	cles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please return all c	orrespond	ence concerning this matter	to the following:			
		Magdale	Name of Person			
		5	Name of Person			
		Maggie A	Firm/Company			
			Firm/Company			
		8186 Westfie	eld Cir			
		8186 Westfi	Address			
		Vera Book	L F1 32.966			
		Vero Beac	City/State and Zip Cod	c		
		maggieavilasts	ilestudio egi	nail.com		
		E-mail address: (1	to be used for future annu-	al report notification)		
For further inform	nation con	cerning this matter, please ca	ill:			
_Willian	n Br	ow∩ erson	at (<u>32/</u>) Area Code	652-0247	2	
	Name of P	erson	Area Code	Daytime Teleph	ione Number	
Enclosed is a chec	ck for the	following amount:				
S25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Address: ation Sc	ction	· · · · · · · · · · · · · · · · · · ·	Address:		
_		porations	_	Registration Section Division of Corporations		
P.O. Bo	ox 6327	•	The C	entre of Tallaha	ssee	
Tallaha	issee, FL	. 32314	2415 1	N. Monroe Stree	et, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGGIE AVILA	LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000142030</u>	oany were filed on $\frac{5/26}{}$	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
		200
		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		FILED FILED FILES 1 FH 3 2
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:		
	ice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	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 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

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	William 1 Brown	8186 Westfield Cir	□Add
*	g From VP" to MGR"	Vero Beach, Fl 32966	□Remove
Changing	from VP" to MGR"		EChange
			□Add
			Remove
			□ Ghange Si V Si
-			F COLOR OF SALLER COLOR OF SAL
			□Add
		·	□Remove
			□Change
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ffective date, if other an effective date is listed, to lote: If the date inserted ocument's effective date.	the date must be specific a d in this block does not	nd cannot be pri meet the appl	or to date of filing leable statutory	or more than 90 c			
record specifies a delay t is filed.	red effective date, but n	ot an effective	time, at 12:01 a	a.m. on the earli	er of: (b) The 90	th day after	the
oated June 30,	,2022_	. /2:0	AM.				
			- /	1			
Dated June 30,	ne	-55		<u> </u>			

Filing Fee: \$25.00