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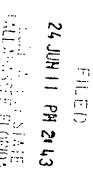
(Requestor's Name)
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(Document Number)
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08/11/24--01008--020 \*\*25.00



## **COVER LETTER**

TO: Registration Section

Division	of Corp	orations		
	3 N GRE	ENWOOD LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	icles of A	imendment and fee(s) are sub-	mitted for filing	
			-	
Please return all o	correspon	dence concerning this matter	to the following:	
		Pablo J Aviles		
			Name of Person	
		Aviles Venture Group LLC	•	
			Firm/Company	<del></del>
		1802 N. Howard Ave. #420	01	
			Address	····
		Tampa, FL 33607		
			City/State and Zip Code	
		AvilesVentureGroup@gmai	I.com	
		E-mail address: (	to be used for future annual report r	notification)
For further inform	nation co	ncerning this matter, please ca	all:	
Pablo J Aviles			813 767-1358 at ( )	cell
	Name of	Person		time Telephone Number
Enclosed is a che	ck for the	e following amount:		
S25.00 Filing	g 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)
	Address		Street Address:	
-	ration S		Registration	
	on of Co ox 6327	orporations	Division of C	Lorporations f Tallahassee
		L 32314		roe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7903 N GREENWOOD LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Com	pany were filed on 08/25/2020	and assigned
lorida document number L20000264131		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	<del></del>
		24
		ב ב ב
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		P
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	Tice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Flo	orida
	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 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>	Name	Address	Type of Action
MGR	Aviles Venture Group LLC	1802 N. Howard Ave. #4201	Add
		Tampa, FL 33607	□Remove
			□Change
			□ Remove
			Change
			□Add
			□Remove
			□ Add
			□ Remove
			Change
<del></del>			
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ective date if atl	ner than the date of t	filing:		(optional)	
n effective date is liste te: If the date inse	ed, the date must be specifi	ic and cannot be prior t not meet the applica	o date of filing or more	than 90 days after filing.) I quirements, this date w	
	layed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
is filed.		1 1			
June 6	/	2024			
	P/=	1			
-	Signature	of a member or author	rized representative of a	ı member	