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## **COVER LETTER**

e of Limited Liability Company
are submitted for filing.
matter to the following:
Name of Person
oup LLC
Firm/Company
ve. #4201
Address
City/State and Zip Code
o@gmail.com
ddress: (to be used for future annual report notification)
olease call:
813 767-1358 cell at ( )
Area Code Daytime Telephone Number
2 & S55.00 Filing Fee & S60.00 Filing Fee, atus Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Street Address: Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8619.371 H LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records d Liability Company)	<u>-)</u>
The Articles of Organization for this Limited Liability Compa- Florida document number L20000264216	ny were filed on 08/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
	1.11: ()	
The new name must be distinguishable and contain the words "Limited Lia	ability 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>
		24
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered offic		200
5. If amending the registered agent and/or registered office address here:	e address on our records, enter	ine name of the new regist
		**
Name of New Registered Agent:		
Navy Registered Office Address:		
New Registered Office Address:	Enter Florida street address	·
	. 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Aviles Venture Group LLC	1802 N. Howard Ave. #4201	<u>≡</u> Add
		Tampa, FL 33607	□Remove
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te: II	the date ins	erted in this	block does Departmen	not meet t	he applicat	ole statutory	filing requir	ements, this	date will not b	e listed as
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Typed or printed name of signee