

LA1000070049

(Requestor's Name)

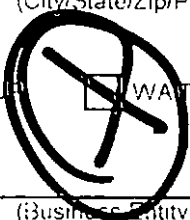
(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

(Business Entity Name)

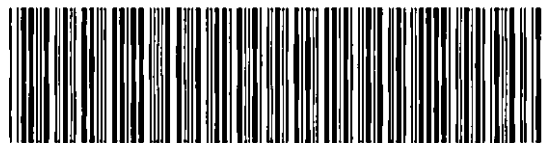
(Document Number)

Certified Copies _____

Certificates of Status _____

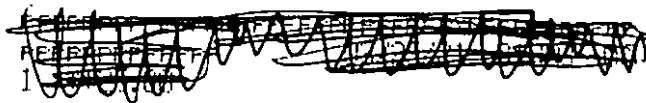
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MAR 25 AM 8:03

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MAR 25 7:15

RECEIVED
MAR 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVM Homes LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Viktoria Polgari
Name of Person

AVM Homes LLC
Firm/Company

10516 NW 6th Street
Address

Pembroke Pines FL 33026
City/State and Zip Code

avmhomes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viktoria Polgari at 954 822-6257
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

AVM Homes LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

7:15 PM 2/10/2021

The Articles of Organization for this Limited Liability Company were filed on 2/10/2021 and assigned
Florida document number L200007004.9

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 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)

16000 Pines Boulevard
Unit 822641
Pembroke Pines FL 33082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16000 Pines Boulevard Unit
822641
Pembroke Pines FL 33082

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

16000 Pines Boulevard Unit 822641

Enter Florida street address

Pembroke Pines, Florida 33082

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Cardona	1500 NW 108 th Ave Apt 232	<input type="checkbox"/> Add
		Plantation, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	See last page		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

On the Article of Organization, my name
Viktoria Polgari is stated three times.
The first time in Article III it is correct, the
second time in Article IV it is incorrect, and
the third time in Article V, it is correct.

My first name is Viktoria, and my last
name is Polgari. In the second time on the
Article of Organization, under Article IV,
my last name and first name is turned around
and stated as Polgari Viktoria. I would like
to ask for my name to be corrected and
written as Viktoria Polgari. Thank you!

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 24, 2021.

Viktoria Polgari
Signature of a member or authorized representative of a member

VIKTORIA POLGARI
Typed or printed name of signer