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## **COVER LETTER**

	tration Section on of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT:	AVODAH BLUE HEAVEN LL	c
SUBJECT:		mited Liability Company
The enclosed A	articles of Amendment and fee(s) are su	ibmitted for filing.
Please return al	Il correspondence concerning this matte	er to the following:
	EDUAR	DO CUELLAR
		Name of Person
	AVO[	DAH BLUE HEAVEN LLC
		Firm/Company
	4 0088	₩ 58 ST
		Address
	DODAL	E) 22466
	DORAL	FL 33166 City/State and Zip Code
	(ducus)	Vor 517@QIMQIL.eom
		(to be used for future annual report notification)
For further info	ormation concerning this matter, please	call:
E	EDUARDO CUELLAR	at ( <u>786</u> ) <u>653-2962</u>
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a cl	heck for the following amount:	
<b>ጃ \$</b> 25.00 Fili	ing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Regis Divis P.O.	ng Address: Stration Section ion of Corporations Box 6327 hassee, 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

3/29/2021 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number \_\_\_L21000144997 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida City 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, R.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 Type of Action Address <u>Title</u> <u>Name</u> 8800 NW 58 ST Doral, FL 33166 MBR Eduardo Cuellar Add Remove □ Change □Add  $\square$ Remove Change □Remove □ Change  $\square Add$ Remove \_ Change \_ 🗆 Add Remove \_ Change

	mation, enter change(s) here: (Attach additio	
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	4/13/2021	
Note: If the date inserted in this	must be specific and cannot be prior to date of filing or most block does not meet the applicable statutory filing to Department of State's records.	ore than 90 days after filing.) Pursuant to 605.0207 (3) g requirements, this date will not be listed as the
ne record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. c	on the earlier of: (b) The 90th day after the
Dated APRIL 13	2021	
	Signature of a member or authorized representative	of a member
	EDUARDO CUELLAR	
		ı

Filing Fee: \$25.00