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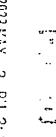
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COVER LETTER

TO: Registration Division of Co	Section orporations		
AVIMIR SUBJECT:	LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing	
	oondence concerning this matte	_	
	LAIS NEGRON		
		Name of Person	
	ALVAREZ LAW GROU	JP	
		Firm/Company	
	7750 SW 117 AVE, SUI	TE 206	70.33 KAY
		Address	
	MIAMI, FL 33183		2
	marivi611@aol.com	City/State and Zip Code	 : ⊋ ∀:: ω ×
Par Comban Section 1	E-mail address:	(to be used for future annual report notification)	3: 22
ror further information	concerning this matter, please of	call:	
LAIS NEGRON		786 620-2820	
Name	of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for t	the following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street,	ee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AVIMIR LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fil	ed on JUNE 2, 2021 and assigned
Florida document numberL21000256987	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	<u>ipany here</u> :
The new name must be distinguishable and contain the words "Limited Liability Compa	any." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2073 KA
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
THE ATOST OFFICE BOX	E 2
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new registere
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 heing 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
AP	MARIA V. RAVELO	111 NW 60 CT	①Add
		MIAMI, FL 33126	≅ Remove
	Maria V. Ravelo Avila as Trustee		□Change
AP	of the MV Revocable	III NW 60 CT	≡ Add
	Trust.	MIAMI, FL 33126	□Remove
			DChange
		<u>.</u>	2
			_ ☐Remove ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
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). It ame	nding any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
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documer	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a the date inserted in this block does not meet the applicable statutory filing requirements, it's effective date on the Department of State's records. The definition of the Department of State is records. The definition of the Department of State is records.	this date will not be listed as the
, 3	/ /	
Dated _	3/11/2023 Deric V. Rossulo	2022 203
	Signature of a member or authorized representative of a member	~··
	MARIA V. RAVELO	-2 F
	Typed or printed name of signee	
		23 33

Filing Fee: \$25.00