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A. BUTLER
JAN 1 8 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AVA LUN	Name of Limited Liability Company	es, LLC
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
	VIVIANE Ke	
	Firm/Company	
	923 A/5000 7	Drive
/	K1551 mmee. FC	4 34759
	-mail address: (to be used for future annua	al report politication)
For further information concerning this m	atter, please call:	
Name of Person	at (9/7) Area Code	482-1384 Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
SS \$25.00 Filing Fee ☐ \$30.00 Fil Certifica	ing Fee & S55.00 Filing Fee te of Status Certified Copy (additional copy is e	Certificate of Status &

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

ARTICLES OF ORGANIZATION		
OF VA LUNCE HUH; — Series of the Limited Liability Company as it no (A Florida Limited Liability Company)	ORVICES LE ON Appears on our records.)	
The Articles of Organization for this Limited Liability Company were fill Florida document number	ed on(<u>6/14/202/</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	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)		
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 agent and/or the new registered office address here:	on our records, <u>enter the name of the new registerec</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

Zip Code

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 Title Type of Action ______ ☐Remove ______ □Remove _____ DChange _____ □Add _____ Change _____ Remove _____ □Change _____ TRemove □Remove

_____ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Just near to charge the title from CEO
-	TO MGR and and the mude name to
_	him Klivian Key to VIIIanE.
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Effect	ve date, if other than the date of filing:(optional)
Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
	demonificación del mode (Carrier des Natures et al. 1901).
ord is fil	d 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 ed.
Dated	12/14/21
	Rightaute of a member or authorized representative of a member
	The state of a member of a member
	livian & Ley
	Typed or printed name of signee