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Division of Corporations



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(((H22000286019 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083

: (305)359-3700

Fax Number

: (786)217-1243

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TO:	Registration Sec Division of Corp		•	(H22000286019 3
cvin i	T.C.T.	DVN	AVARRO LLC	
SUBJ	ECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
			SONIA BOTERO	
			Name of Person	
		JP GLOB	AL BUSINESS SOLUTIONS INC	
			Firm Company	
		139:	5 BRICKELL AVE STE 800	
			Address	
			MIAMI, FL 33131	
			City/State and Zip Code	
			TER@JPGBUSINESS.COM	<u> </u>
For f	urther information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report non all:	ncationy
	SONIA I	BOTERO	305 359-3700 at ()	
-	Name o	f Person	Area Code Daytim	e Telephone Number
Encl	osed is a check for t	he following amount:		
	\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Addres	ss:	Street Address:	

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

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

(H22000286019 3)

** * * * * * * * * * * * * * * * * * * *					
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on or ability Company)	or records.)			
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on	6/14/2021	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new cases must be distinguishable and contain the words "I imited Liability	ty Company," the designa	tion "LLC" or the ab	breviation "L.IC."		
	STE 800				
(Principal office address MUST BE A STREET ADDRESS)	ment number L21000276617  ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  1395 BRICKELL AVE  STE 800  MIAMI, FL 33131  mailing address, if applicable:  1395 BRICKELL AVE  STE 800  MIAMI, FL 33131  ding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here:  1395 BRICKELL AVE  STE 800  MIAMI, FL 33131  ding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here:  1395 BRICKELL AVE  STE 800  MIAMI, FL 33131  The new registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here:  1395 BRICKELL AVE  STE 800  MIAMI, FL 33131  The new registered office address on our records, enter the name of the new registered or the new registered office address on our records, enter the name of the new registered or the new registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 6105. F.S. Or, if this document is to merely reflect a change in the registered office address. I hereby confirm that the limited liability				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		VE.			
	MIAMI, FL 33131				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our record	is, <u>enter the nam</u>	<b>2022</b>		
New Registered Office Address:			- <del>                                     </del>		
	Enter Florida sti		AND ALEC SECTOR		
	Cny				
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as t	ee to act in this capa performance of my o provided for in Chap	turies, and ram <sub>e</sub> ter 605, F.S. Or,	ree to comply with the familiar with and if this document is		

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

(H22000286019 3)

Title	Name	Address	Type of Action
AMBR	DENIS NAVARRO	1395 BRICKELL AVE	🗀 Add
		STE 800	Петюче
		MIAMI, FL 33131	■ Change
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			□ Add
			Remove
			☐ Change
	<u> </u>		
			□Remove
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f an effective da Note: If the d	e is listed, the date mus- ite inserted in this blo	be specific and ca ack does not mee	umot be prior to et the applicable	date of filting of me	ore than 90 days at	fer filing.) Pursuant t	o 605 0207 e listed as
document's ef	ective date on the De	partment of Stat	le's records.				
e record specif rd is filed.	es a delayed effective	e date, but not ar	effective time	e, et 12:01 a.m. c	on the earlier of:	(b) The 90th day	after the
Dated	AUG	UST 10th	2022				
				9			

Typed or printed name of signee