## L21000320856

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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2025 JAN -7 AM 9: 5

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

EXPLOMIN USA	LLC	
Please Debit FCA	00000003 For: 25	
Thank you Seth No	eeley	
Step		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1,		Officer Search
4	7/	Fictitious Search
Signature	·	Fictitious Owner Search
		Vehicle Search
	<del></del> -	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In		Courier

## **COVER LETTER**

TO: Registration Sc Division of Cor	ection Porations		
EXPLOME	N USA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	AMANDA CASTELLON		
		Name of Person	
	DOUGLAS REGISTERE	D AGENTS LLC	
		Firm/Company	
	2600 S. DOUGLAS RD S	TE 1000	
	<del></del>	Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	<del></del>
	ACASTELLON@CASTEL		
	E-mail address: (	to be used for future annual report notif	tication)
For further information co	oncerning this matter, please ca	all:	
AMANDA		786 391-3721 at ()	
Name o	l Person	Aren Code Daytime	e Tulephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	7	The Centre of T	
Tallahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303



December 26, 2024

CAPITAL CONNECTION

SUBJECT: EXPLOMIN USA, LLC \*\*\*\*\*\*\*\*\*

Ref. Number: L21000320856

We have received your document for EXPLOMIN USA, LLC \*\*\*\*\*\*\*\*\*\* and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This LLC had a note to not file the name change. The note seems to be several months old, but I wanted to make sure it was ok to file name change.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

CPA Soid good to file
Thouts for
Charling
11

Neysa Culligan Regulatory Specialist III

Letter Number: 824A00027841

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JAN -7 AM 9: 52

EXPLOMIN USA, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records LAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company		
Florida document number L21000320856		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
AVA ORANGE USA, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:	- <del>-</del> "	
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrown provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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ffective date, if other than the data an effective date is listed, the date most be sote:  If the date inserted in this block ocument's effective date on the Department.	specific and cannot be does not meet the ap	plicable statutory	or more than 90 days at	otional)	1 9:52 uant to 605.0
record specifies a delayed effective d	ate, but not an effecti	ve time, at 12:01 a	.m. on the earlier of:	(b) The 90th	h day after the
is filed.				. ,	·
DECEMBER 19	2024		,		
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