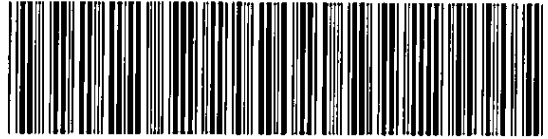


L21000365594



700371802577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

OCT 4 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 044141 8354335  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : September 28, 2021  
ORDER TIME : 9:16 AM  
ORDER NO. : 044141-001  
CUSTOMER NO: 8354335  
-----

DOMESTIC AMENDMENT FILING

NAME: AVT VENTURES, L.L.C

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AVT VENTURES, L.L.C  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aline Vitelli Tanaka  
\_\_\_\_\_  
Name of Person

AVT Ventures LLC  
\_\_\_\_\_  
Firm/Company

1080 Brickell Ave. Apt 2305  
\_\_\_\_\_  
Address

Miami, FL 33131  
\_\_\_\_\_  
City/State and Zip Code

rjgrecriii@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Greer  
\_\_\_\_\_  
Name of Person

929 3179095  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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  
OF**

AVT VENTURES, L.L.C

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/16/2021 and assigned Florida document number L21000365594.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

781KBFL Ventures LLC

The new name must be distinguishable and contain the words "Limited Liability 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 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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida

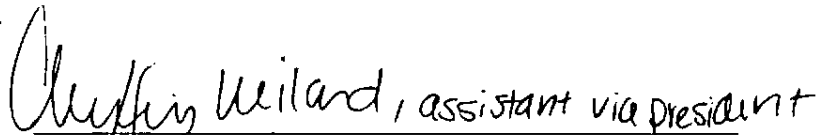
32301

*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 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.*

  
Jeffrey Weiland, assistant vice president

If Changing Registered Agent, Signature of New Registered Agent

FILED  
2021 OCT - 11 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>          | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|----------------------|----------------------------|--|
| Mgr          | Aline Vitelli Tanaka | 1080 Brickell Ave Apt 2305 | <input type="checkbox"/> Add               |
|              |                      | Miami, FL 33131            | <input checked="" type="checkbox"/> Remove |
|              |                      |                            | <input type="checkbox"/> Change            |
|              |                      |                            | <input type="checkbox"/> Add               |
|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            | <input type="checkbox"/> Change            |
|              |                      |                            | <input type="checkbox"/> Add               |
|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            | <input type="checkbox"/> Change            |
|              |                      |                            | <input type="checkbox"/> Add               |
|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            | <input type="checkbox"/> Change            |
|              |                      |                            | <input type="checkbox"/> Add               |
|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            | <input type="checkbox"/> Change            |

