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



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COVER LETTER

| то: | Registration Section Division of Corporations |
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| SUBJI | ECT: Avalanche Sorvices Corporation ((C) Name of Limited Liability Company |
| The en | nclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Name of Person |
| | A Kilanche Services Corporation Firm/Company |
| | 110 NW 13th AVE Address |
| | Ocnic FL 33004 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For fur | rther information concerning this matter, please call: |
| | Name of Person at (786) (643 · 8835) Name of Person Area Code Daytime Telephone Number |
| Enclos | sed is a check for the following amount: |
| IX.\$2 | 25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Book Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$60.00 Filing Fee, Certified |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Service S Liability Company as it now a Florida Limited Liability Com | Corporation appears on our records.) 20 pany) | 2/ C AM 10: 53 |
| lity Company were filed o | on 09/10/2021 | The and assigned F |
| 54. | • • | ********* |
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| e limited liability compa | ny here: | |
| s "Limited Liability Company. | "the designation "LLC" or the | abbreviation "L.L.C." |
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| stered office address on e ere: | our records, <u>enter the na</u> | ıme of the new registered |
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| City | Florida _ | Zip Code |
| | lity Company were filed of S41. ng: e limited liability company: e: IDDRESS) stered office address on office. Ente | Enter Florida street address Enter Florida street address Florida 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.

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 |
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| lf an effect <u>Note:</u> If | tive date is listed, the the date inserted | than the date of ne date must be specif in this block does on the Departmen | fic and cannot b not meet the | applicable statu | filing or more the story filing requ | (option n 90 days after fi irements, this o | nal) ling.) Pursuant to date will not be | 605.0207 isted as t |
| e record s rd is filed | specifies a delaye l. | ed effective date, bu | it not an effec | tive time, at 12 | :01 a.m. on the | earlier of: (b) | The 90th day a | fter the |
| Dated | Octobe | r 17 | , <u>Z c</u> | <u>, 7</u> . | | | | |
| vaicu | | 101 | / / | | | | | |
| Nated | | ~ /// | 491-1 | _ | | | | |
| vaicu | | Signature | of a member o | r authorized repr | esentative of a m | ember | | |

Filing Fee: \$25.00