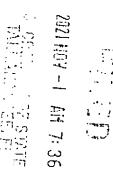
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## **COVER LETTER**

	Division of Corporations								
SUBJEC'	Propert	tybyavi LLC	. "	•	,	*	ì	**	
SO ISLE	••	•	Name of Lim	ited Liability Cor	npany			4	
The enclo	sed Article	s of Amendment an	d fee(s) are sub	mitted for filing	<u>.</u>				
Please reti	urn all corr	espondence concert	ing this matter	to the following	ī;				
		Avraham B	frener						
				Name of F	erson			<del></del>	
			<del></del>	Firm/Con	npany				
		416 Cheyer	nne Dr Unit 2						
				Addre	SS		_		
		Lake Worth	n F1. 33462						
				City/State and	Zip Code				
			vi@gmail.com E-mail address: (	to be used for futi	ure annual r	eport not	ification	)	
For furthe	r informati	on concerning this i				•			
Avraham	Brener			954 _ at (		-3362			
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<b>■</b> \$25.0	0 Filing Fe		iling Fee & ate of Status	S55.00 Fi Certified (additional	-		C	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	<u>Mailing Address:</u> Registration Section				Street Ad Registra		ection		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division of Corporations					
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						
		•			Tallahas				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TO ED

Propertybyavi LLC (Name of the Limited Liability Company as it now appears of our records.) 7: 35 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/21/2021 Florida document number L21000458599. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address:

## 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.

City

Enter Florida street address

\_. Florida \_\_\_

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>	Name	Address	Type of Action
P	Avraham Brener	416 Cheyenne Dr Unit 2 Lake Worth FL 33462	□Add
			■Remove
			🗏 Change
MGR	Avraham Brener	416 Cheyenne Dr Unit 2 Lake Worth FL 33462	\
			□Remove
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n effective (	date is listed, the date mu	st be specific and o	:cannot be prior to da	ate of filing or more than 90	(optional) days after filing.) Purs	suant to 605.0207
ote: If the	date inserted in this blackfeetive date on the D	lock does not m	eet the applicable	statutory filing requirem	ents, this date will	not be listed as
	indente date on the 13	epartition of Br	are in reconding			
	ities a delayed effectiv	'e date, but not a	an effective time,	at 12:01 a.m. on the earl	ier ot: (b) The 90t	h day after the
is filed.						
, Octob	er 22		2021			
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_		Signature of a m	ember or authorized	d representative of a member		

Typed or printed name of signee