



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations : (850)617-6383 Fax Number 2021 DEC 20 AMTI: 49 From: Account Name : LEGALZOOM.COM INC. Account Number : I2001000062 Phone : (323)962-8600 : (323)962-3889 Fax Number \odot S **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** _____ Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVM&AVM LLC

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COVER LETTER

TO: **Registration Section** Division of Corporations

AVM&AVM LLC SUBJECT: __

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:

Cheyenne Moseley

Name of Person

Legalzoom com, Inc.

Firm/Company

101 N Brand Blvd 11th FL

Address

Glendale, CA 91203

City/State and Zip Code

clunagu15600@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

773-0888 800 Chevenne Moseley at (_____ Davtime Telephone Number Area Code Nume of Person

Enclosed is a check for the following amount

□ \$2\$,00 Filing Fee

🗆 \$30.00 Filing Fee & Certificate of Status 🖬 \$35.00 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/COURIER ADDRESS:

Registration Section Division of Corporations. Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ΤO ARTICLES OF ORGANIZATION OF

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AVM&AVM LLC (<u>Name of the Limited Liability Compa</u> (A Flonda Limited L	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000502230	were filed on 11/23/2021 and assigned it to
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u> The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11311 N 22nd Apt #A-309 Tampa, FL 33612
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	11314 N 22nd Apt #A-309 Tampa, FL 33612

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:	Enter Florida street addr	<i>631</i>
		lorida
	City	Zip Cock

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

•

Title	Name	Address	Type of Action
MGR WILLIAMS, VALERIE		🖸 Add	
			Remove
		11311 N 22nd, Apt #A-309 Tampa, FL 33612	🖻 Change
			🛛 Add
			Remove
			Change
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			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nevessory.)

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If the record specifies a celayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated _ 1202 AHASSEE, FL DEC 20 AM 11: 49 Signature dif a member or authorized representative of a member Valerie Williams Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00