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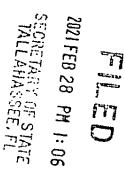
(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of Special Instructions to Filing Officer:	MAIL	
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(Do	ocument Number)	
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A. BUTLER MAR - 7 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

and the second	AVENPARE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	Jose A	ntonio Avendano Paredes	
		Name of Person	
		AVENPARE LLC	
		Firm/Company	
	238	8 Riverbend Dr Unit 107	
		Address	
	A	lltamonte Springs FL 32714	
		City/State and Zip Code	
	E-mail address	s: (to be used for future annual report to	otification)
For further informa	tion concerning this matter, please	call:	
Jose Antonio	Avendano Paredes	at ()	
	lame of Person	at ()	ime Telephone Number
Enclosed is a check	c for the following amount:		
区\$\$25.00 Filing H	Fee S30.00 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)
<u>Mailing A</u> Registra	Address: tion Section	<u>Street Address:</u> Registration S	Section
Division	of Corporations	Division of C	Corporations
P.O. Box	x 6327	The Centre o	f Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 FFR 28 PM 1:06

AVENPARE LLC		20211 60	20 111 1-00	
(Name of the Limited Lie (A Fi	ability Company as it now appears forida Limited Liability Company)	on our recompose to	ARY OF STATE HASSEE, FL	
The Articles of Organization for this Limited Liabili	ity Company were filed on	01/03/2022	and assigned	
Florida document number 1.22000009615				
Torida document number	·			
This amendment is submitted to amend the followin	តិ;			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:			
Principal office address MUST BE A STREET A	DDRESS)	<u>-</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u></u>			
B. If amending the registered agent and/or regis		cords, enter the na	me of the new regist	
agent and/or the new registered office address be	ere:			
Name of New Registered Agent:	Jose Antonio Avendano Paredes			
New Registered Office Address:	238 Riverbend Dr, Ur	111 107		
New Registered Office Address:		111 107 da street address		
New Registered Office Address:			32714	

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
MGR	Jose Antonio Avendano Paredes	238 Riverbend Dr Unit 107	🗆 Add
		Altamonte Springs FL 32714	□Remove
			iXChange
			🗀 Add
			□Remove
			□Change
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<u>Note:</u> If t	date, if other that we date is listed, the date inserted in 's effective date or	this block does i	not meet the ap	pplicable statu	illing or more than tory filing requi	(optiona 90 days after filin rements, this da	l) ng.) Pursuant to 60: te will not be list	5.0207 ed as
record sp d is filed.	oecifies a delayed e	effective date, bu	it not an effecti	ive time, at 12	:01 a.m. on the o	earlier of: (b)	The 90th day afte	er the
Yarad	February	160		 .				
med		1	c / /	/				
Aileo		(/	14/	۳				
жией		Signature	of a member or		esentative of a me	ember	<u></u>	

Filing Fee: \$25.00