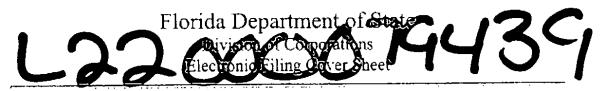
Division of Corporations



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AVRAHAMI GROUP, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations							
	AVRAHAMI GROUP, LLC							
SUBJE	CCT: Name of Limited Liabil	Name of Limited Liability Company						
n e:	ir or Madam:							
	closed Statement of Correction and fee(s) are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
CLAU	DIO TOLEDO RIBEIRO							
	Name of Person							
TAXP	EOPLE, LLC							
	Firm/Compsny							
2855 5	SW BRIGHTON ST							
	Address							
PORT	ST LUCIE, FL							
•	City/State and Zip Code							
	@TAXPEOPLEFL.COM	_						
	E-mail address: (to be used for future annual report notification)							
For fu	uther information concerning this matter, please call:							
CLA	UDIO TOLEDO RIBEIRO 772) Daytime Telephone Number						
	Name of Person Area Code	Daytime Telephone Number						
	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						
Encl	osed is a check for the following amount:							
≘ \$2	25 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy							

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		this document is being submitted		document.			
FIRST.	The name of the limited li	ability company is: AVRAHAMI G	ROUP, LLC				
<u> </u>		, <u></u>					
SECON	D: The Florida Docu	ment number of the limited liabilit	y company is:	9	_		
•		A RITICLES OF ORGAN	NIZATION				
THIRD							
	(CHECK THE AP)	PROPRIATE BOX AND COMP	LETE THE APPLICABLI	<u>E STATEMENT</u>			
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
	ARTICLE II - ADDRESS						
	The correct Principal Office	e Address and Mailing Address is:					
	3373 Rivercrest Dr Apt 32	9, Melbourne, FL 32935					
	OR			I the appropriate cor	tection are		
0	Was defectively signed. as follows:	The manner in which the documen	t was detectively signed and	20 20 20 20 20 20 20 20 20 20 20 20 20 2			
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Signat accept	ure of new registered agen ing the designation).	t, if applicable :(NOTE: if correcti	ing the registered agent, the i	new registered agent	t must sign		
I herel provis obliga reflect	by accept the appointment ions of all statutes relative	re, if changing Registered Agent: as registered agent and agree to a to the proper and complete perfor istered agent as provided for in Cl office address, I hereby confirm t	munice of the diffice, that a	aument is hoing file	ed to merely		
Registered Agent's Signature							
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				