L220000083760

(Requestor's Name)
(Address)
(Address)
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ChulShaha Tin IDhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LICKOP WALL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FL 2022 AUG 29 AH 11: 5

COVER LETTER

TO:	Registration Section Division of Corporations					
	AVIAV LI	LC				
SUBJE	ECT:					
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		AVRIL SAYERS				
			Name of Person			
		AVIAV LLC				
			Firm/Company			
		3301 EMERALD POINT	EDRIVE 302A			
			Address			
		HOLLYWOOD, FL 3302	1			
		AVRILSAYERS@GMAII	City/State and Zip Code			
			to be used for future annual report not	incation)		
		concerning this matter, please c				
AVRII	L SAYERS		305 3300700			
	Name o					
Enclose	ed is a check for the	he following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 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)		
	Mailing Addres		Street Address:			
	Registration S		Registration Se Division of Co			
	Division of C P.O. Box 632	=	The Centre of	•		
	Tallahassee,			oe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIAV LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned L22000083760 Florida document number 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 ne agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

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
CEO	AVRIL SAYERS	3.001 EMERALD POINTE DR 302A, HOLLYWOOD, FL 33021	≅ Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			Remove
			□Change
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ctive date, if other than the deffective date is listed, the date must be: If the date inserted in this block iment's effective date on the Dep	ck does not meet the applic	able statutory filing rec	(Optional) han 90 days after filing.) Pursua quirements, this date will no	unt to 605.02 of be listed :
ord specifies a delayed effective filed.	date, but not an effective ti	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after th
AUGUST 23	2022			
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