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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section Division of Corporation |                                              |                                                                             |                                                                                            |
|--------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: AM                                      | daiico LL( Name of Lim                       | ited Liability Company                                                      |                                                                                            |
| The enclosed Articles of Art                     | nendment and fee(s) are sub                  | mitted for filing.                                                          |                                                                                            |
| Please return all corresponde                    | ence concerning this matter                  | to the following:                                                           |                                                                                            |
|                                                  | Elen                                         | na Filatora                                                                 | (                                                                                          |
|                                                  |                                              | Name of Person                                                              |                                                                                            |
|                                                  |                                              | Firm/Company                                                                |                                                                                            |
|                                                  | 2751 S                                       | Ocean by # 140;                                                             | 3 S                                                                                        |
|                                                  | Rolly                                        | City/State and Zip Code  Lives a Omail. to be used for future annual report | 019                                                                                        |
| -                                                | Yuliah<br>G-mail address: (i                 | ines & omail.                                                               | com<br>notification)                                                                       |
| For further information conc                     |                                              |                                                                             |                                                                                            |
| Eleva Filat                                      |                                              |                                                                             | 108251                                                                                     |
|                                                  |                                              | , and code Bay                                                              | and receptions realised                                                                    |
| Enclosed is a check for the fo                   | ollowing amount:                             |                                                                             |                                                                                            |
| \$25.00 Filing Fee                               | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

∑... ∼

| Avalatico LLC  (Name of the Limited Liability Compa (A Florida Limited I  The Articles of Organization for this Limited Liability Company  Florida document number L2200156199. | m <sub>e</sub> a                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab                                                                | ility company here:                                                                         |
| The new name must be distinguishable and contain the words "Limited Liabil<br>Enter new principal offices address, if applicable:                                               | lity Company," the designation "LLC" or the abbreviation "L.L.C."  2751 S Occor by # 1403 S |
| (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:                                                                                  | Hollywood, Fe 33019  2751 S Ocean Do # 14035  Hollywood, FL 33019                           |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:                   | J                                                                                           |
| Name of New Registered Agent:  New Registered Office Address: 2751                                                                                                              | S Ocean Dr #1403 S<br>Enter Florida street address                                          |
| <u> flolly</u>                                                                                                                                                                  | City, Florida 330 [9]                                                                       |

## 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 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 |
|--------------|----------------------------------------|-----------------------------------------------|----------------|
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|              |                                        | 2751 S Ocean br# 1403S<br>Hollywood, FL 33019 | □Remove        |
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| ective date, if other                 |                      |                        |                        | (optio                                         | nal)                                                   |
| te: If the date insert                | ted in this block do | oes not meet the ap    | plicable statutory fil | more than 90 days after ing requirements, this | filing.) Pursuant to 605.020 date will not be listed a |
| cument's effective d                  | ate on the Departn   | nent of State's reco   | ords.                  |                                                |                                                        |
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| cord credifies a dela                 | yea checuve date.    | , out not an effective | ve tille, at 12.01 a.n | i, on the earner of, (b)                       | The 90th day after the                                 |
| ecord specifies a dela<br>s filed.    |                      |                        |                        |                                                |                                                        |
| s filed.                              | **                   | <b>^</b>               |                        |                                                | 5- ~                                                   |
| s filed.                              | <u> </u>             | , <u>20</u>            | 22.                    |                                                | X-3                                                    |
|                                       | il (22)              |                        | <u> </u>               |                                                | 1022 MAY -3 AM                                         |