

122 000278462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

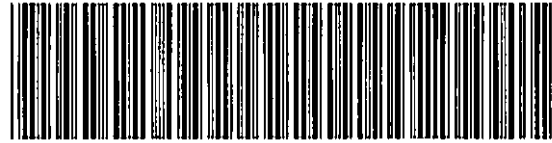
(Business Entity Name)

(Document Number)

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2022 JUL 20 PM 3:20

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A. BUTLER

OCT 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVA INVESTORS, LLC

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:

CLAUDIA GABRIELA AVILA ACOURI DE ARRAYA

Name of Person

AVA INVESTORS, LLC

Firm/Company

4585 PONCE DE LEON BLVD APT 902

Address

CORAL GABLES, FL 33134

City/State and Zip Code

arrayaavila@yahoo.com

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

For further information concerning this matter, please call:

CLAUDIA GABRIELA AVILA ACOURI DE ARRAYA

786

695-4029

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 JUL 20 PM 3:20

AVA INVESTORS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

RECORDS OF STATE
DATE FILED

The Articles of Organization for this Limited Liability Company were filed on June 20th, 2022 and assigned
Florida document number L22000278462.

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 "L.L.C."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Camila Andrea Arraya Avila

New Registered Office Address:

4585 PONCE DE LEON BLVD APT 902

Enter Florida street address

CORAL GABLES

Florida 33134

City

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Camila Andrea Arraya Avila	4585 PONCE DE LEON BLVD APT 902	<input checked="" type="checkbox"/> Add
		Coral Gables FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIA G. AVILA ACOURI		<input type="checkbox"/> Add
		4585 PONCE DE LEON BLVD APT 902	<input checked="" type="checkbox"/> Remove
		Coral Gables FL 33134	<input type="checkbox"/> Change
AMBR	MAURICIO ARRAYA AVILA,		<input type="checkbox"/> Add
		4585 PONCE DE LEON BLVD APT 902	<input checked="" type="checkbox"/> Remove
		Coral Gables FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Typed or printed name of signee