

L22 000 324 437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

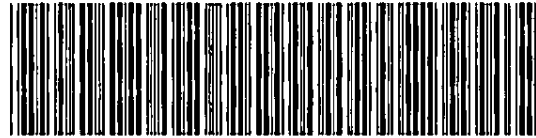
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22 SEP -6 PM 3:30  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVDC, 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:

RAUL F. RIOS

Name of Person

TAX-MASTERED, INC.

Firm/Company

9873 W. SAMPLE ROAD

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

TAX.MASTERED@GMAIL.COM

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

For further information concerning this matter, please call:

RAUL RIOS

954 918-2482  
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

22 SEP - 6 PM 3:30

REGISTRATION SECTION  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AVDC, 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 07/21/2022 and assigned  
Florida document number L22000324437.

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)**

22 SEP - 6 PM 3:30  
CLERK OF COURT  
STATE OF FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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>
AMBR	SILVIA CASTILLO	9077 GERVAIS CIR. APT 909	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA F. DEL CASTILLO	9077 GERVAIS CIR. APT 909	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

22 SEP - 6 PM 3:30  
Division of Consumer Affairs  
HALL OF RECORDS  
1000 PENNSYLVANIA AVE  
TALLAHASSEE, FL 32301

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

22 SEP -6 PM 3:31

**E. Effective date, if other than the date of filing:** 08/30/2022 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/25/2022

Signature of a member or authorized representative of a member

RAUL F. RIOS C/O TAX-MASTERED, INC.

Typed or printed name of signee

## EXIT AGREEMENT

THIS EXIT AGREEMENT, is entered this day, August 24<sup>th</sup>, 2022 (the "Effective Date", by Castillo, Silvia, AMBR and Del Castillo, Maria F. AMBR of AVDC LLC. With Del Castillo, Maria T. MGR

WHEREAS, the Parties, Wish to set forth and confirm their respective rights and obligations with respect to Del Castillo, Silvia and Del Castillo, Maria F, exit from the AVDC LLC.

NOW THEREFORE, in consideration of the mutual terms and covenants set forth below, the Parties agree as follows:

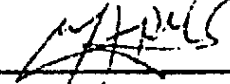
### TERMS AND CONDITIONS

- I. **RESIGNATION:** Del Castillo, Silvia and Del Castillo Maria F. have resigned as a member of the board of directors. The Parties stipulate that this agreement has been entered into, voluntarily and not as a result of coercion, duress, or undue influence, at the same times voluntarily resigns effective immediately from all other positions she holds on behalf of, AVDC LLC, including any offices, employment positions or independent contractor relationship between the Del Castillo, Silvia, Del Castillo, Maria F. and AVDC LLC.
- II. **EFFECTIVE DATE OF RESIGNATION:** all resignations described in paragraph I above shall become effective as of the date of this agreement
- III. **INDEMNITY:** no indemnity is required, due to the fact that no monetary value was involved.
- IV. **REMOVAL OF NAME:** Within a reasonable time following the date of this agreement and depending on the involvement of third parties (but in no event later than 90 days from the date of this agreement) AVDC LLC shall make all efforts necessary (and as allowed within the terms of the agreements with third parties) to remove Del Castillo, Silvia and Del Castillo Maria F., from all company involvement.
- V. **ATTORNEY FEES,** if for any reason Del Castillo, Silvia or Del Castillo Maria F. gets involved with attorney fees, they would be the solely responsible for the total amount that might be generated.
- VI. **ENTIRE AGREEMENT.** This document constitutes the final, complete and exclusive embodiment of the entire agreement and understanding between the Parties related to the subject matter of the Agreement and supersedes and preempts any prior or contemporaneous understandings, agreements, or representations by of between the Parties, written or oral.
- VII. **SIGNATORIES.** This Agreement shall be signed by Castillo, Silvia and Del Castillo Maria F. and Del Castillo Maria T. on behalf of AVDC LLC, and shall be effective as of the date first above written.
- VIII. **IN WITNESS WHEREOF,** the Parties now execute this Agreement, to be effective on the date first stated in this Agreement.

ACCEPTED AND AGREED  
AMBR

 Date 8/24/22  Date 8/24/22  
Castillo, Silvia Del Castillo Maria F.

AVDC LLC:

 Date 8/24/22  
Del Castillo, Maria T.