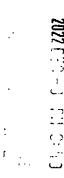
## CVVVV434789

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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## **COVER LETTER**

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TO:	Registration Section
	Division of Corporations

. 1 1 1 4 5 4 4 5 - 230 6 5	AINTENANCE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YARISBFY RICHARDSO	)N	
		Name of Person	
	TOTAL MAINTENANCE	INARDSON  Name of Person  ENANCE LLC  Firm/Company  ITER WAY  Address  32818  City/State and Zip Code  2017@GMAIL.COM  address: (to be used for future annual report notification)  please call:  407	
		Firm/Company	
	1248 LAMPLIGHTER W		
		Address	=, - <del></del>
	ORLANDO, FL 32818		
		City/State and Zip Code	<del></del>
	YRICHARDSON2017演任		
	l:-mati address; (	to be used for hiture annual report not	ification)
For further information of	oncerning this matter, please c	all:	
YARISBEY RICHARD		407 445-8073	
Name c	r' Person	Area Code Daytin	xe Telephone Number
Enclosed is a check for t	he following amount:		
Cl \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

TOTAL MAINTENANCE LLC	it an appear, on our records)
(Name of the Limited Liability Compar (A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000434789	owere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
AVANTA BLUE LLC	11.6% at the sign of 1.6%
The new name must be distinguishable and contain the words "Limited Liabi"	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1248 LAMPLIGHTER WAY
	ORLANDO,FL 32818
<u> </u>	22
	1248 LAMPLIGHTER WAY
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO,FL 32818
	- (3
t the mid office	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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 Agen	<u>t:</u>
I hereby accept the appointment as registered agent and ay provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	s provided for in Chapter 605, 1 is. Or, 9 mis are all missing

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

Title	Name	Address	Type of Action
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			□Remove
			□Change
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rument's effective date on the l				
coord specifies a delayed effect is filed.	ive date, but not an effective time	at 12:01 a.m. on the earlie	rofi(b) The	90th day after th
ted 12/08	. 2022			
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Filing Fee: \$25.00