L 23000008564

(Requestor's Name)
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(Address)
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COVER LETTER

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TO: Registration So Division of Cor			·.
Avaeli Inve	estments, LLC		
SUBJECT:	Name of Lim	ted 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:	
	Sharess Mecormack		
		Name of Person	
	Avaeli Investments, LLC		
		Firm/Company	
	1801 Polk St., 222852		
	 -	Address	
	Hollywood, FL 33022		
		City/State and Zip Code	
	avaeliinvestments@gmail.co E-mail address: ()	эm to be used for future annual repo	rt notification)
For further information c	concerning this matter, please ca	all:	
Sharess Mccormack		305 904-82	93
Name o	f Person	at () Area Code I	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addr.	
Registration: Division of C		Registration Division o	n Section f Corporations
P.O. Box 633	•		of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avaeli Investments, LLC				
(Name of the Limi	ted Liability Compar (A Florida Limited L	iy as it now appears on o iability Company)	our records.)	
The Articles of Organization for this Limited L		were filed on $\frac{01/04/20}{1}$	023	and assigned
Florida document number L23000008564	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designa	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:			CAHAS	L.E
(Mailing address MAY BE A POST OFFICE	BOX)		50 	· * ; ;
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our recor	ds, <u>enter the name of</u>	the new registere
Name of New Registered Agent:	Sharess I. Meco	rmack		
New Registered Office Address:		Enter Florida st	treet address	
			, Florida	
		Cïty		Lip 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.

f Charging 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>	Address	Type of Action
			□Add
			□Remove
		<u> </u>	□ Change
			□ Add
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not meet the	applicable statutory	(opt g or more than 90 days after filing requirements, th	ional) r filing.) Pursuant to 605,020 is date will not be listed a:
ecord specifies a delayed effective is filed.	date, but not an effec	ctive time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
June 23	2023			
		7		
	Signature of a member of	or a thorized represer		

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Filing Fee: \$25.00