L23000012131

(Requestor's Name)	
·····	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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A. RIVERS AUG 1 9 2023

COVER LETTER

	Registration Se Division of Cor			•		
SHD IFC	H2Avon, L					
SUBJEC	1:		ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Peter Hutson				
			Name of Person			
		Church, Church, Hittle + /	Antrim			
			Firm/Company	_		
		2 N Ninth Street				
			Address			
		Noblesville, IN 46060				
			City/State and Zip Code			
		sostilings@cchalaw.com				
		E-mail address: (to be used for future annual report no	tification)		
For furthe	r information c	oncerning this matter, please c	alt:			
Peter Hut	son		317 349-5856			
	Name o	f Person		me Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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		Street Address: Registration So	ection			
	Division of C P.O. Box 632			Division of Corporations		
	7.O. Box 652 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
Liability Company	were filed on January 4.	2023 and assigned
llowing:		
of the limited liab	oility company here:	
words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
ET ADDRESS)		
		
	No Change	
E BOX)		
ress here:	address on our records	enter the name of the new register.
No Change		
No Change		
No Change	Enter Florida stree	## Address 1972 197
	City	Zip Code
	Liability Company Howing: of the limited liab words "Limited Liabi icable: ET ADDRESS) Fegistered office ess here: No Change No Change	words "Limited Liability Company," the designation icable: No Change No Change No Change PROX) registered office address on our records ess here: No Change No Change No Change No Change No Change

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>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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.					
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific and is block does not i	d cannot be prior to meet the applicab	date of filing or more	(option: than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207
record specifies a delayed eff	ective date, but no	t an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
rd is filed.					

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section Division of Corporations

H2Avon, L	L.C				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Peter Hutson				
	·	Name of Person			
Church, Church, Hittle + Antrim					
		Firm/Company			
	2 N Ninth Street				
Address					
	Noblesville, IN 46060				
		City/State and Zip Code			
	sosfilings@cchalaw.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information co	oncerning this matter, please c	all:			
Peter Hutson		317 349-5856			
Name of	Person	at ()	e Telephone Number		
Enclosed is a check for th	e 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 Set Division of Cor The Centre of T	porations		

Tallahassee, FL 32303