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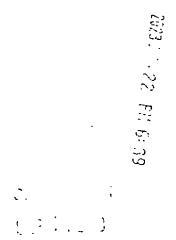
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COVER LETTER

TO: Registration Section **Division of Corporations** HENRY AV LLC SUBJECT: 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: Henry O Darmon Name of Person HENRY AVILLO Firm Company 1713 SW 5TH ST Address FORT LAUDERDALE FLORIDA 33312 City/State and Zip Code Henryav555@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Henry Darmon Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

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:	1713 SW 5TH STREET		
	Enter Florida street address		
	FORT LAUDERDALE	, Florida ³³³¹²	
	/ in	Zin Coda	_

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 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
MGR	Henry O Darmon	5910 SW 25TH AVEFORT LAUDERDALE, F	· · · · ·
			≅ Remove
			□ Change
MGR	Henry O Darmon	1713 SW 5TH STREETFORT LAUDERDALE	
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fective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the applicat	odate of filing or more than ble statutory filing requir	90 days after filing.) I ements, this date w	ill not be listed
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ofe: If the date inserted in this block becament's effective date on the Department's effective date on the Department's filed. August 17	k does not meet the applicate artment of State's records. late, but not an effective time.	ble statutory filing requir	ements, this date wardier of: (b) The	ill not be listed