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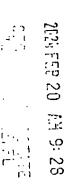
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COVER LETTER,

TO: Registration So Division of Con		4.*	
Avaleigh V	V ay LLC		
SUBJECT:	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:	
	Kashanda Lamoureux		
		Name of Person	_
	Avaleigh Way LLC		
		Firm/Company	_
	221 W Hibiscus Blvd PMI	B2059	
		Address	_
	Melbourne, FL 32901-304	1.4	
		City/State and Zip Code	-
	kashanda.lamoureux@Ava	leighWay.onmicrosoft.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please co	all:	202
Kashanda Lamoureux		321 2585205 at ()	2024 FFB
Name o	of Person	Area Code Daytime Telephone Number	er . 20
Enclosed is a check for t	he following amount:		Web Co
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certified	ate of Status & d Copy al copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avaleigh Way LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number 1.23000055798	filed on 01/30/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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)	
	102 FE
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, enter the name of the new registered
agent and/or the new registered office address nere.	
Name of New Registered Agent:	
	(H &
New Registered Office Address:	Enter Florida street address
	Elocido
	Florida

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.

City

Zip Code

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
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange FF
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			□Remove
			☐ Change
			□Add
		···	□Remove
			□ Change

is to engage in any lawful activ	ity for which Limited Liability C	ompanies may be orgai	nized in the state of		
Florida.					
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fective date, if other than the n effective date is listed, the date mu	st be specific and cannot be prior	to date of filing or more	than 90 days after filing) g.) Purşuant	to 605.
ite: If the date inserted in this bicument's effective date on the D	lock does not meet the application application. The contract of State's records.	able statutory filing r	equirements, this date	e will not b	
					9: 2:
ecord specifies a delayed effective	ve date, but not an effective tir	me, at 12:01 a.m. on	the earlier of: (b) T	he 90th da	ന
is filed.					
February 16	2024				
February 16 ted		<u> </u>			

Typed or printed name of signee