Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AMERICAS TAX CORP

Account Number : 120223000190 Phone : (407)880-2300

Fax Number : (407)703-7625

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 🛴

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PETE AVILEZ LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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Corporate Filing Menu

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MAR 10 2023

## **COVER LETTER**

| ro: Registration Solution of Co   |   |                                      | •  |
|---|---|--------------------------------------|--|
|   | TILEZ LLC                                 |                                      |  |
| SUBJECT:  |   | ame of Limited Liab                  | ility Company  |
| Dear Sir or Madam:  |   |                                      |  |
| The enclosed Statemen   | t of Correction and fee(s) a              | re submitted for filing              | Į.   |
| Please return all corres  | pondence concerning this n                | natter to the following              | ţ;   |
| PETE AVILEZ   |   |                                      |  |
|   | Name of Person                            |                                      | •  |
| PETE AVILEZ LLC   |   |                                      |  |
|   | Firm/Company                              |                                      | -  |
| 490 E LAKEVIEW A  | √E  |                                      |  |
| <u>,</u>  | Address                                   |                                      | -  |
|   |   |                                      |  |
|   | City/State and Zip Code                   |                                      | -  |
| EUSTIS FL 32726   |   |                                      |  |
| E-mail address: (   | to be used for future annua               | report notification)                 | -  |
|   |   |                                      |  |
| For further information   | concerning this matter, pl                | case call:                           |  |
| PETE AVILES   |   | 407<br>at (                          | 2341665  |
| Name  | e of Person                               | Area Code                            | Daytime Telephone Number   |
| Mailing Adda<br>Registration<br>Division of<br>P.O. Box 6.<br>Tallahassee | n Section<br>Corporations<br>327          |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check fo  | or the following amount:                  |                                      |  |
| ■\$25 Filing Fee  | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy  |

CR2E062 (9/15)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PETE AVILEZ LLC  |   |             | _              |
|--|---|-------------|----------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited U   | ny as it now appears on our records.)<br>Liability Company) |             |                |
| The Articles of Organization for this Limited Liability Company  | were filed on 62/13/2023                                    | and         | assigned       |
| lorida document number L23000078745  |   |             |                |
| his amendment is submitted to amend the following:   |   |             |                |
| . If amending name, enter the new name of the limited liab   | ility company here:   |             |                |
| ETE AVILES LLC.  |   |             |                |
| he new name must be distinguishable and contain the words "Limited Linbi   | tity Company," the designation "LLC" or the a               | bbreviation | "L.L.C."       |
| Inter new principal offices address, if applicable:  | 490 E LAKEVIEW AVE  |             | <u> </u>       |
| Principal office address MUST BE A STREET ADDRESS)   | EUSTIS FL 32726   |             |                |
|  |   |             |                |
|  |   |             |                |
| Enter new mailing address, if applicable:  |   |             |                |
| Mailing address MAY BE A POST OFFICE BOX)  |   |             |                |
|  |   |             |                |
|  |   |             |                |
| <ol> <li>If amending the registered agent and/or registered office:<br/>gent and/or the new registered office address here:</li> </ol> | address on our records, enter the nan                       | ne of the   | new regist     |
| gent and/or the new registered orace address nere.   |   |             | ಮ<br>ಾ*್ಷ      |
|  |   |             | \frac{1}{2}    |
| Name of New Registered Agent:  |   |             | <del>۔</del> ف |
| New Registered Office Address:   |   | •           | =              |
|  | Enter Florida street address                                | •1          | <u>=</u>       |
|  | Florida   | <u>्</u>    | •••            |
|  | City  | Zip C       | Nic_           |

## 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>     | Address            | Type of Action |
|-----------------|-----------------|--------------------|----------------|
| MGR             | PETE AVILEZ     | 490 E LAKEVIEW AVE |                |
|                 |                 | EUSTIS FL 32726    | = Removc       |
|                 |                 |                    |                |
| MGR PETE AVILES | PETE AVILES     | 490 E LAKEVIEW AVE | obA €          |
|                 | EUSTIS FL 32726 | Remove             |                |
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| Effective date, if other than the date of filing:  San effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.  The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after dis filed.  |                  |
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| MARIA LEBESTON ACCOUNTANT SUNBLZ ACCOUNTANT SUNBLZ ACCOUNTANT SUNBLZ ACCOUNTANT I 20%  | (N) #1<br>1 2000 |

Filing Fee: \$25.00