

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AMERICAS TAX CORP
Account Number : 120220000190
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.

Email Address: Americasetax@outlook.com

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

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

Electronic Filing Menu

Corporate Filing Menu

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MAR 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PETE AVILEZ LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETE AVILEZ

Name of Person

PETE AVILEZ LLC

Firm/Company

490 E LAKEVIEW AVE

Address

City/State and Zip Code

EUSTIS FL 32726

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETE AVILES

407

2341665

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PETE AVILEZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/13/2023 and assigned
Florida document number L23000078745.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PETE AVILES LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

490 E LAKEVIEW AVE

(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)

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:

Enter Florida street address

City

Florida

Zip Code

023 MAR - 9 AM 11:45
LLC

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>	<u>Type of Action</u>
MGR	PETE AVILEZ	490 E LAKEVIEW AVE	<input type="checkbox"/> Add
		EUSTIS FL 32726	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETE AVILES	490 E LAKEVIEW AVE	<input checked="" type="checkbox"/> Add
		EUSTIS FL 32726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03/08/2023

Scumbiz Account # I 202 20000190

Filing Fee: \$25.00