L23000138466

(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:

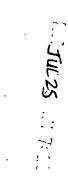
Office Use Only

A. RIVERS



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07/25/23--01035--013 ++25.00



COVER LETTER

TO:

Tallahassee, FL 32314

CLUB IEC		NICATIONS LLC		
SUBJEC	:T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	Division of Corporations GA COMUNICATIONS LLC Name of Limited Liability Company are enclosed Articles of Amendment and fee(s) are submitted for filing. are return all correspondence concerning this matter to the following: GILBERTO ALVARADO Name of Person G.A COMMUNICATIONS LLC Firm/Company 5949 ESTELLA WAY Address ORLANDO			
		GILBERTO ALVARAI	00	
			Name of Person	
		G.A COMMUNICATION	S LLC	
			Firm/Company	·
		5949 ESTELLA WAY		
			Address	
		ORLANDO C	37.709	
			City/State and Zip Code	
For first	er information c			uncadon)
		-		
GILBER			at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	_		_	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.A COMMUNICATIONS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Comp	any were filed on 03/17/2023	and assigned
orida document number L23000138466		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
AVI CONSULTING & MULTI INVESTMENTS LLC		
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		<u>-</u> .
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		~~
If amending the registered agent and/or registered off	ice address on our records, enter the na	me of the new registe
ent and/or the new registered office address here:		12
		EX
Name of New Registered Agent: N/A		
Name Parrietared Office Addresses		· :
New Registered Office Address:	Enter Florida street address	
	, Florida	ı
 -	City	Zip Code

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>	Address	Type of Action
AMBR	MARIA VICTORIA MORA	5949 ESTELLA WAY, ORLANDO FL 32809	= Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			□ Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

Fective date, if other than the date of filing: In 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 605.02 one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to enument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member.		
Fective date, if other than the date of filling:		
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rective date, if other than the date of filling:		
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Signature of a member or authorized representative of a member	is f	09/11 2023
Signature of a member or authorized representative of a member	is f	··
	is f	··

Filing Fee: \$25.00



August 21, 2023

GILBERTO ALVARADO 5949 ESTELLA WAY ORLANDO, FL 32809

SUBJECT: G.A COMMUNICATIONS LLC

Ref. Number: L23000138466

We have received your document for G.A COMMUNICATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unsure as to what you are trying to file, attached is two(2) different names changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Letter Number: 723A00019270

Alecia Rivers Regulatory Specialist III

www sunbiz org