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01/22/24--01025--013 **30.00



TO: Registration S Division of Co				
	AMAVI ASS	OCIATES LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	JC	ONATHAN MANSOUR		
		Name of Person		
	Aì	MAVI ASSOCIATES LLC		
		Firm/Company		
		156 NE 41ST		
		Address	····	
		MIAMI, FL 33137		
		City/State and Zip Code		
	•	than mansour@hotmail.fr		
		to be used for future annual report no	ouncation)	
For further information	concerning this matter, please ca			
JONATH	AN MANSOUR	786 340-8019 at ()		
Name	e of Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6	327	The Centre of		
Tallahasse	e, FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

DocuSign Envelope ID: 6A7481AA-1AE8-43EB-93C5-72937351313C ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AMAVI ASSOCIA	TES LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on	09/05/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company her	Œ:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	··· · <u> </u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
			•
B. If amending the registered agent and/or registered office ad	dress on our re	cords, enter the name	of the new registered
agent and/or the new registered office address here:		· 	
			r _o
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		(1)
		, Florida	·
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of r ovided for in C	my duties, and I am far hapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 6A7461AA-1AE8-43EB-93C5-72937351313C
It amending Authorized rerson(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	CLEMENT GAIE	460 NE 28th Street, Unit 1601, Miami, FL 33137	= Add
			□Remove
			□Change
MGR	UUNIK HOSPITALITY LLC	50 Biscayne Blvd., # 4411, Miami, FL 33132	■Add
			□Remove
			Change
MGR	Marco Calvo Apa		□Add
		156 NE 41ST MIAMI, FL 33137	Remove
			Change
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reffective date is li te: If the date in	other than the date of sted, the date must be specified serted in this block does the date on the Departmen	fic and cannot be price not meet the appli	or to date of filing or cable statutory file	more than 90 days after ing requirements, the	is date will not be li	05.020 sted a

Filing Fee: \$25.00

Typed or printed name of signee