# L23000540663

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# **COVER LETTER**

	ation Section n of Corporations	٠,	
Av:	solen LLC		
SUBJECT:	Name of L	imited Liability Company	
771			
	ticles of Amendment and fee(s) are sa	Ť	
Please return all	correspondence concerning this matte	er to the following:	
	Alysha Kubsh		
		Name of Person	
	Avsolen LLC		
		Firm/Company	<del></del>
	2158TH ST N		
	<del></del>	Address	<del></del>
	ST PETERSBURG, FLO	DRIDA 33701	
	-	City/State and Zip Code	<del></del>
	bilodeaujewelry@gmail.c	om  (to be used for future annual report notified)	
For further inforr	mation concerning this matter, please	·	ication)
Alysha Kubsh		608 575-6107	
	Name of Person	at () Area Code Daytime	e Telephone Number
Englosed is a che	eck for the following amount:		
\$25.00 Filing		☐ \$55.00 Filing Fee &	S60,00 Filing Fee,
323.00 1 11111	Certificate of Status	Certified Copy . (additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			NQ
	Address:	Street Address:	
	ration Section on of Corporations	Registration Sec	
	ox 6327	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avsolen LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 06, 2023 and ass	igned
Florida document number L23000540663		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bilodeau Jewelry LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.	L.C.``
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	THE PROPERTY OF THE PROPERTY O	<del></del>
	===	m.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	下 S 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the ney</u>	<u>v regist</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
<del></del>	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 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>	Name	Address	Type of Action
<del></del>			□Add
			□ Remove
			Change
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Remove
			□Change
	·		Remove
			□Change
			□Remove
			□Change

# Page 2 of 3

(II an el	tive date, if other than the date of filing:
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Alysha Kubsh
	Typed or printed name of signee