

L24000119983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

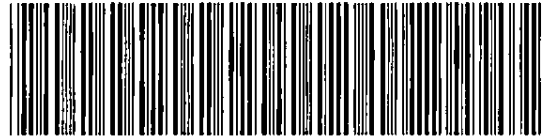
(Business Entity Name)

(Document Number)

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05/07/25 10:01 119 **21.01

FILED
2025 MAY -7 AM 9:29
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AVELIN PRO SOLUTIONS CORP

Name of Person

AVELIN PROCESS SOLUTIONS LLC

Firm/Company

1552 BROKEN OAK DRIVE

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

mrssantosservices@gmail.com

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

For further information concerning this matter, please call:

AVELIN PRO SOLUTIONS CORP

689 290-4854

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

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

AVELIN PROCESS SOLUTIONS LLC

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

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2025 MAY -7 AM 9:29

The Articles of Organization for this Limited Liability Company were filed on _____ Florida and assigned
Florida document number L24000119983.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2205 JUNIPER BERRY DRIVE

MINNEOLA FL 34715-9373

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2205 JUNIPER BERRY DRIVE

MINNEOLA FL 34715-9373

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

_____, Florida _____
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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I hereby submit this letter to request the change of the principal office address, along with the mailing address and the company president's address, from the former address: 1552 Broken Oak Dr, Winter Garden, FL 34787 to the current address: 2205 Juniper Berry Dr, Minneola, FL 34715.

For any further questions, please contact: mrssantosservices@gmail.com

2025 MAR -7 AM 9:29
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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated APRIL 22 2025

Avelin Pro Solutions Corp
Signature of a member or authorized representative of a member

AVELIN PRO SOLUTIONS CORP

Typed or printed name of signee

Filing Fee: \$25.00