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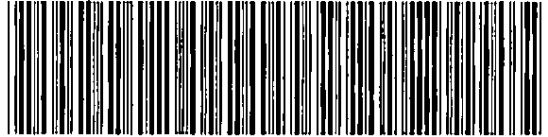
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2024 JUN 26 PM 3:20

OFFICE OF STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angel Aviani LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Angel Almonte
Name of Person

Angel Aviani LLC
Firm/Company

1717 n. Bayshore Drive APT 1947
Address

Miami / FLORIDA 33132
City/State and Zip Code

Angel.Aviani@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Almonte at (917) 605-6660
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**

Angel Avioni 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 3/18/2024 and assigned
Florida document number L24000134275.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

Angel Almonate

New Registered Office Address:

1717 N Bayshore Drive Apt 1947

Enter Florida street address

Miami

City

Florida

33132

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.

Angel Almonate

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

1. *Staphylococcus aureus*

2. *Streptococcus pneumoniae*

3. *Escherichia coli*

4. *Salmonella enterica*

5. *Shigella flexneri*

6. *Yersinia enterocolitica*

7. *Legionella pneumophila*

8. *Campylobacter jejuni*

9. *Haemophilus influenzae*

10. *Neisseria meningitidis*

11. *Listeria monocytogenes*

12. *Clostridium botulinum*

13. *Clostridium perfringens*

14. *Clostridium difficile*

15. *Shigella sonnei*

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(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)

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 6/7/2024 . 10:38 p.m.

Arjel Arnaut

Signature of a member or authorized representative of a member

Angel Almonte
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00