

L24 000 453 755

(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



200438576532

11/01/24--01002--000 000000

RECEIVED

FILED

2024 NOV - 1 AM 11:44

2024 NOV - 1 AM 10:07

CLERK OF STATE  
TALLAHASSEE, FLORIDA 32399-0000  
CLERK OF STATE  
TALLAHASSEE, FL

CORPORATE  
ACCESS,  
INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 11/1

	CERTIFIED COPY	
XX	PHOTOCOPY	
	CUS	
XX	FILING	LLC AMEND

AVINI LABS, LLC	FILED 2024 NOV - 1 AM 10:07 CLERK OF STATE TALLAHASSEE, FL
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	
(CORPORATE NAME AND DOCUMENT #)	

SPECIAL INSTRUCTIONS:

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: AVINI LABS, 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:

Anthony Holmes  
Name of Person  
Registered Agent Solutions, Inc.  
Firm/Company  
5301 Southwest Pkwy., Suite 400  
Address  
Austin, TX 78735  
City/State and Zip Code  
orders@rasi.com  
E-mail address: (to be used for future annual report notification)

FILED  
2024 NOV - 1 AM 10:07  
STATE OF FLORIDA  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Anthony Holmes 888 705-7274  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

AVINI LABS, LLC

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

Articles of Organization for this Limited Liability Company were filed on 10/28/2024 and assigned  
Florida document number L24000453755.

This amendment is submitted to amend the following:

**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**

**FILED**  
2024 NOV -1 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

**3. 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

pending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

**R = Manager**  
**BR = Authorized Member**

<u>e</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	AVANI HOLDINGS LTD.	1A GRAVEL ROW, REGGIE MILLER STREET	<input type="checkbox"/> Add
		GZIRA, GZR 1544 MALTA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV 1 AM 0:07  
FILED  
STATE OF FLORIDA  
SUNSHINE STATE  
TALLAHASSEE, FL

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

FILED  
2024 NOV - 1 AM 10:07  
DEPT. OF STATE  
TALLAHASSEE, FL

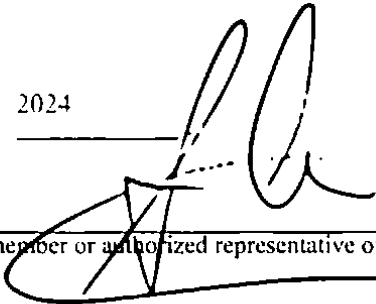
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 November 1st, 2024



Signature of a member or authorized representative of a member

Cristiano Avigni

Typed or printed name of signee