L25000330883

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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(Document Number)
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2025 AUG - 6 AM II: 48

of 9/20/2025

COVER LETTER

	itration Sec		-	To.
SUBJECT.	AV Group P	roperty Restoration LLC	•	
SUBJECT: _		Name of Lin	nited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please return al	ll correspon	dence concerning this matter	to the following:	
		Laura D Valderrama Torre	es	
			Name of Person	
		AV Group Property Resto	ration LLC	
			Firm/Company	
		35299 Cassis Path		
		-	Address	
		Zephyrhills, FL 33541		
			City/State and Zip Code	
		ldaniclavt6@gmail.com		
			to be used for future annual report not	ification)
For further info	rmation con	cerning this matter, please c	alf:	
Laura D Valde	гтата Тогте	s	1 8138387836 ar ()	
-	Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25.00 Filii	ng 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)
	g Address: tration Se	ction	<u>Street Address:</u> Registration Se	extion
_	ion of Cor		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 AUG -6 AM 11: 48

AV GROUP PROPERTY RESTORATION 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 July 16, 2025 and assigned Florida document number _____L25000330883 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) 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 ___

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 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>	<u>Name</u>	Address	Type of Action
AMBR	ANGELICA M ZULUAGA CELIS	12324 YELLOW CIRCLE, RIVERVIEW, FL 33569) ≣ Add
			□ Remove
		 	_ DChange
			_ 🗆 Add
			🗆 Remove
			_ Change
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effective dat	, if other tha	in the date of	filing:	prior to data of (iling or more than	option (option	al) ing.) Pursuant to 605.0
<u>e:</u> If the d	ate inserted in t	this block does	not meet the ar	plicable statut	ory filing requi	rements, this d	ate will not be listed
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i filed.	es a delayed el	rective date, of	it not an effecti	ve time, at 12.	or a, iii. On the	carrier or, (0)	The 90th day after
ed July 31			2025	 ;			
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	<u>. </u>		1	CHUN 1			
		Signature	of a memberior	authorized repre	sentative of a me	mber	

Filing Fee: \$25.00