

1/5/22, 3:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Resubmission
please provide original
file date
of Jan. 5, 2022

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(((H22000006251 3)))



H220000062513AECS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 876064003722
Phone : (888)491-1120
Fax Number : (954)333-4242

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVP MIAMI BEACH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 JAN 12 PM 4:47

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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H220000062513

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AVP MIAMI BEACH LLC

Enter new principal office address, if applicable: NOT APPLICABLE

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: NOT APPLICABLE

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M07000001343

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/07/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: NOT APPLICABLE
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: NOT APPLICABLE

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

NOT APPLICABLE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHARLES NEISS	4333 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
MGR	JACOB NEISS	4333 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized

Jacob Neiss
Signature of the authorized representative

Jacob Neiss
Typed or printed name of signee

Filing Fee: \$25.00

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