

# M18000009119

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

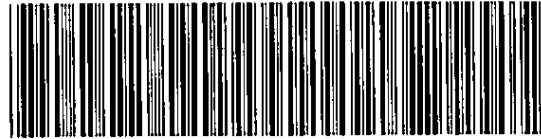
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

SEP 03 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVANA, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS LEO, ESQ  
Name of Person

THE LEO LAW FIRM, PLLC  
Firm/Company

8200 W. 33 AVENUE, Bay 12  
Address

MIAMI, FL 33018  
City/State and Zip Code

C LEO @ LEO LEGAL PRO. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS LEO, ESQ at ( 833 ) 533-6529  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

*FEE PAID*

**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: ANNA LLC

Enter new principal office 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)

P.O. BOX 228691  
Doral, FL 33222

2. The Florida document number of this limited liability company is: M18000009179

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/05/2018

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

5. New name of the limited liability company: \_\_\_\_\_  
(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: \_\_\_\_\_

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

2020 SEP -2 AM 10:05  
SECTION II  
FILED

\_\_\_\_\_

\_\_\_\_\_

AMBR	THE LEOO LAW FIRM, PLLC	8200 W. 33 AVE. BAY 12 HIALEAH, FL 33018	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M6R	ALEX MALQUEZ	11230 NW 122 ST SUITE 400 MEDLEY, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
2020 SEP - 21 AM 10:05  
dd Remove Add  
STATE OF TEXAS  
COUNTY OF DALLAS  
CLERK

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.

CARLOS LEO

**Filing Fee: \$25.00**