

M21000003343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

WAIT

☐

MAIL

(Business Entity Name)

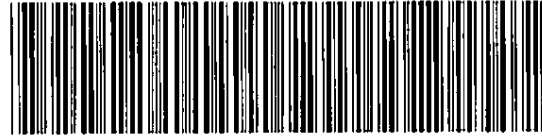
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer

Office Use Only



700366557887

05/19/21--01002--001 **25.00

FILED

2021 MAY 20 AM 10:03

CLERK OF SUPERIOR COURT
ALABAMA

RECEIVED

2021 MAY 18 PM 3:44

CLERK OF SUPERIOR COURT
ALABAMA

Handwritten signature

MAY 21 2021
ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. AVELINO BAY LLC M21000003343
Name Document Number (if known)

x Walk in _____ Will wait

_____ Certified Copy of the Articles of Organization

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ Limited Liability
_____ Domestication
_____ INC

_____ OTHER - Corp

AMENDMENTS

X Amendment
_____ Resignation of R.A. Officer/Director
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Conversion

_____ Merger

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ Statement of Authority

_____ APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ CORRECTION for a Foreign LLC

_____ Trademark

_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVELINO BAY 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:

VALERIA SCHVARTZMAN

Name of Person

LAW OFFICE OF VALERIA SCHVARTZMAN, P.A

Firm/Company

12550 BISCAYNE BLVD SUITE 406

Address

NORTH MIAMI, FL 33181

City/State and Zip Code

valeria@schvlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIA SCHVARTZMAN

305-974- 0119

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 MAY 20 PM 3:59

May 19, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: AVELINO BAY LLC
Ref. Number: M21000003343

We have received your document for AVELINO BAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 221A00010551

**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: AVELINO Bay 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

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

421000 003343

3. Jurisdiction of its organization: _____

Delaware

4. Date authorized to do business in Florida: _____

2/26/2021

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

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Anibal Orico	12550 Biscayne Blvd. #406 Miami, FL 33181	<input type="checkbox"/> Add <input checked="" 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
			<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.

Alberto Faur
Signature of the authorized representative

Alberto Faur
Typed or printed name of signee

Filing Fee: \$25.00