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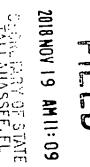
(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e #)	
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C. GOLDEN PEC - 1 2018

COVER LETTER

	ation Sec n of Corp	oorations	•	
Cha SUBJECT:	ange of N	lame		
		Name of Lim	ited Liability Company	
The enclosed Art	ticles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all c	correspor	ndence concerning this matter	to the following:	
		Carmen M Gallo Jr		
			Name of Person	
		N. F. Lightning Prediction	LLC	
			Firm/Company	
		1128 Dover Drive		
			Address	***************************************
		Saint Johns, FL 32259		
		jaygallo@msn.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For further inform	mation co	oncerning this matter, please ca	all:	
Carmen M Galle) Jr		9()4 874-2253 at ()	
Name of Person Area Code Daytime Telephone Number		Telephone Number		
Enclosed is a che	eck for th	e following amount:		
■ \$25.00 Filing	g 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

N. F. Lightning Prediction LLC

2018 NOV 19 AM 11: 09

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) SUBJECTABLY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{08/01/2008}{}$ and assigned Florida document number <u>1.08000074021</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Avant Garde Plus LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 <u>___</u> City

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

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

$MGR = \begin{bmatrix} A \\ AMBR = A \end{bmatrix}$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
	`		□ Remove
	1		☐ Change
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Effective date, if other than t	11/11/18 he date of filing:	(optional)	
(If an effective date is listed, the date r	must be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after filing.) I atutory filing requirements, this date w	fursuant to 605,0207 (3 iff not be listed as th
the record specifies a delay The 90th day after the r		effective time, at 12:01 a.m. or	n the earlier of:
November 11th	2018		
	Cara M Mello	eplesentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00