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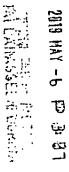
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(Cir	ty/State/Zip/Phone#	(#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

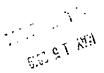


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COVER LETTER

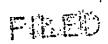
то:	Regist Divisio	ration Secti on of Corpo	on rations		
CMDIE			LUTIONS LLC		
SUBJE	.C1: _		Name of Limi	ted Liability Company	
The end	closed A	rticles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please i	return al	l correspond	lence concerning this matter t	to the following:	
			NGHIA NGUYEN		
				Name of Person	
			AVANTI SOLUTIONS LI	.C	
				Firm/Company	
			2031 NW 40th AVE		
				Address	····
			COCONUT CREEK, FL 3	3066	
				City/State and Zip Code	
			mrtinc00@gmail.com		
				to be used for future annual repo	ort notification)
For fur	ther info	rmation con	cerning this matter, please ca	all:	
NGHL	A NGU	YEN		954 99480 at ()	
		Name of I	Person	Area Code I	Daytime Telephone Number
Enclose	ed is a c	heck for the	following amount:		
\$2:	5.00 Fili	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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



AVANTI SOLUTIONS 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 07/13/2010 ALLANASSEL AND MARKET This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NGHIATAX 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
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Tective date, if other that an effective date is listed, the dote: If the date inserted in ocument's effective date or	this block does not mee	t the applicable st	of filing or more than satutory filing require	(optional) 0 days after filing.) Pursu- ements, this date will no	ant to 605.0207 of be listed as
e record specifies a de The 90th day after th		e, but not an o	effective time, a	; 12:01 a.m. on th	e earlier o
mted MAY 1st	,	2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00