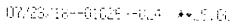
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COVER LETTER

| | Registration Se Division of Cor | | | | |
|-------------|------------------------------------|--|---|--|--|
| | AVOLONI | LLC | | | |
| SUBJEC | I: | Name of Lim | ited Liability Company | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please reti | urn all correspo | ndence concerning this matter | to the following: | | |
| | | GLORIA GUO CPA | | | |
| | | | Name of Person | - | |
| | 1 | GLORIA GUO & ASSOC | TATES CPA PA | | |
| | | Firm/Company 9200 BELVEDERE ROAD SUITE 103 | | | |
| | 1 | | | | |
| | | | Address WEST PALM BEACH, FL 33411 | | |
| | | WEST PALM BEACH, F | | | |
| | | | City/State and Zip Code | | |
| | | GLORIAGUOCPA@GMA | | | |
| For furthe | er information c | E-mail address: (oncerning this matter, please o | to be used for future annual report not all: | ilication) | |
| GLORIA | | | 561 386-8212 | | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number | |
| Enclosed | is a check for th | ne following amount: | | | |
| \$25.0 | 0 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) | |
| | | ING ADDRESS: | STREET/COUR | HER ADDRESS: | |
| | Registr | ration Section | Registration Secti | ion | |
| | | on of Corporations ox 6327 | Division of Corpe Clitton Building | | |
| | | assee, F1, 32314 | 2661 Executive C Tallahassee, FL 3 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AVOLON LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | l |
| The Articles of Organization for this Limited Liability C | Company were filed on 9/28/2017 | and assigned عن |
| Florida document number L17000201480 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | • |
| A. If amending name, enter the new name of the lim | ited liability company here: | ? |
| he new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDI | RESS) | |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or regis | stered office address on our records, | enter the name of the |
| registered agent and/or the new registered office add | <u>lress here</u> : | |
| | | |
| Name of New Registered Agent: | | |
| New Devices of Office Address | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flor | aida |
| | Flor | rida 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

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|----------------------------|-----------------|
| MGR | DAFANG ZHANG | 5389 S KIRKMAN ROAD STE 22 | |
| | | ORLANDO, FL 32819 | ■ Remove |
| | | | Change |
| MGR | ERIC LANE | 5389 S KIRKMAN ROAD STE 22 | □ ∧dd |
| | | ORLANDO, FL 32819 | □ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
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| | I | | ☐ Remove |
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| mending an | y other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| <u>e:</u> If the date | f other than the date of filing: [Solution 1] (optional) (optional) (solution 2) (inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records. |
| he 90th da | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie y after the record is filed. |
| ed July 18 | 2018 |
| | Signature of a member or authorized representative of a member |
| | Signature of a memoer of authorized representative of a memoer |
| 113.763 | BO CUI |