

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000018989 3)))



H190000189893ABCC

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INTERSTATE FILINGS LLC  
Account Number : I20110000086  
Phone : (718)569-2703  
Fax Number : (718)504-7890

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@interstatefilings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONDUENT ENTERPRISE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC 22 2019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

# 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: CONDUENT ENTERPRISE SOLUTIONS, LLC

Enter new principal office address, if applicable: 2411 DULLES CORNER PARK STE 800

(Principal office address  
MUST BE A STREET ADDRESS)

HERNDON, VA 20171

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2411 DULLES CORNER PARK STE 800

HERNDON, VA 20171

2. The Florida document number of this limited liability company is: M12000000620

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 02/01/2012

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

5. New name of the limited liability company: AVENU ENTERPRISE SOLUTIONS, LLC  
(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: INTERSTATE AGENT SERVICES LLC

New Registered Office Address: 100 SE 2ND ST. STE. 2000 #209

*Enter Florida Street Address*

MIAMI

*City*

Florida 33131

*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>
<u>MGR</u>	<u>PEFFER, J MICHAEL</u>	<u>100 CAMPUS DRIVE</u>	<input type="checkbox"/> Add
		<u>FLORHAM PARK, NJ 07932</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>WALSH, BRIAN</u>	<u>100 CAMPUS DRIVE</u>	<input type="checkbox"/> Add
		<u>FLORHAM PARK, NJ 07932</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>MELKA, MIKE</u>	<u>2411 DULLES CORNER PARK STE 800</u>	<input checked="" type="checkbox"/> Add
		<u>HERNDON, VA 20171</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>COLANGELO, PAUL</u>	<u>2411 DULLES CORNER PARK STE 800</u>	<input checked="" type="checkbox"/> Add
		<u>HERNDON, VA 20171</u>	<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.



Signature of the authorized representative

**ALEX ENGLAND**

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

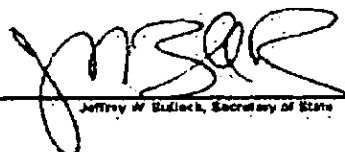
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CONDUENT ENTERPRISE SOLUTIONS, LLC", CHANGING ITS NAME FROM "CONDUENT ENTERPRISE SOLUTIONS, LLC" TO "AVENU ENTERPRISE SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF OCTOBER, A.D. 2018, AT 6:44 O'CLOCK P.M.

19 JAN 18 AM 9:55  
RECEIVED  
OFFICE OF STATE  
SECRETARY  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

2129493 8100  
SR# 20187402272

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203715736  
Date: 10-30-18

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: \_\_\_\_\_  
CONDUENT ENTERPRISE SOLUTIONS, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the Limited Liability Company is  
AVENU ENTERPRISE SOLUTIONS, LLC

SECOND: The address of its registered office in the  
state of Delaware is 3500 South DuPont Highway Dover,  
DE 19901, County of Kent, Delaware. The name of its  
registered agent at such address is Interstate Agent  
Services, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 30TH day of OCTOBER, A.D. 2018.

By: /S/ALEX ENGLARD

Authorized Person(s)

Name: ALEX ENGLARD

Print or Type

## RESUBMISSION



January 17, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CONDUENT GOVERNMENT SYSTEMS, LLC  
2828 N. HASKELL AVE., BLDG. 1, 9TH FLOOR  
DALLAS, TX 75204

SUBJECT: CONDUENT GOVERNMENT SYSTEMS, LLC  
REF: M13000002161

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

FAX Aud. #: H19000019009  
Letter Number: 119A00001333

2019 JAN 18 AM 8:08

P.O BOX 6327 - Tallahassee, Florida 32314

850-617-6381

1/17/2019 9:36:26 AM PAGE 1/001

Fax Server

## RESUBMISSION



January 17, 2019

### FLORIDA DEPARTMENT OF STATE

Division of Corporations

CONDUENT ENTERPRISE SOLUTIONS, LLC  
2828 N HASKELL AVE  
BLDG 1 - 9TH FLOOR  
DALLAS, TX 75204US

SUBJECT: CONDUENT ENTERPRISE SOLUTIONS, LLC  
REF: M12000000620

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

FAX Aud. #: H19000018989  
Letter Number: 819A00001333

2019 JAN 18 AM 8:08