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SECRETARY OF STATES
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JUL 21 2017 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	unity Multi Service, Inc		
N0400006075 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Victor A. Rivera			
	(Name of Contact Pe	rson)	
Avalon Community Multi Service, Inc.			
	(Firm/ Company)	
6121 Avalon Rd.			•
	(Address)		· · · · · · · · · · · · · · · · · · ·
Winter Garden, Fl 34787			
	(City/ State and Zip C	Code)	
pastorvar@gmail.com			
E-mail address: (to be	used for future annual rep	ort notification	
For further information concerning this matter, p	lease call:		
Victor A. Rivera	at	407	965-7937
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florida I	Department of :	State:
S35 Filing Fee S43.75 Filing Fee Certificate of St	ee & □S43.75 Filing Fee atus Certified Copy (Additional copy is enclosed)	Copy Certificate of Status Il copy is Certified Copy	
Mailing Address Amendment Section		eet Address nendment Secti	ion _

Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Avalon Community Multi Service, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida _ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if change

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President: T= Treasurer; S= Secretary: D= Director; TR= Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	Р	Guadalupe Berrios	6469 New Independence Parkway
Add			Winter Garden, Fl 34787
X Remove			
2) Change	P	Victor A. Rivera	6121 Avalon Rd.
X Add			Winter Garden, Fl 34787
Remove			
3) Change	<u>S</u>	Sonia I. Delacruz	6121 Avalon Rd
XAdd			Winter Garden, Fl 34787
Remove			
4) X Change	V	Noemi Del Carmen Gonzalez	319 Daniel Cove Dr.
Add			Winter Garden, Fl 34787
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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	e date of each amendment(s) adoption:	, if other than the	
	ective date if applicable:	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)		
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	7/4/2017 Dated		
	Signature Salur Salur Salur Signature Signature Signature Salur Signature Si	_	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
	Raquel Ramos		
	(Typed or printed name of person signing)		
	Treasurer		
	. (Title of person signing)		