## N 170000 8056

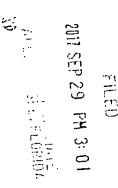
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	THE AVEGNO COR	P			
	N17000008056				
DOCUMENT NUMBER:		<del></del>			_
The enclosed Articles of An	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
TERRY FALLIS, EA					
	(	Name of Contact P	erson)		-
JTA BUSINESS SOLUTIO	NS LLC				
		(Firm/ Compan	y)		-
PO BOX 422862					
	· · · · · · · · · · · · · · · · · · ·	(Address)			_
KISSIMMEE, FL 34742					
	(	City/ State and Zip	Code)		-
TFALLIS63@GMAIL.COM	4				
	-mail address: (to be used	or future annual rep	ort notification	)	-
For further information conc	erning this matter, please c	all:			
TERRY FALLIS. EA		સા	407	580-8451	
	(Name of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	able to the Florida l	Department of S	State:	
S35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi S Certifi	D Filing Fee icate of Status ed Copy is ical Copy is sed)	

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

## Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP 29 PM 3: 01 THE AVEGNO CORP (Name of Corporation as currently filed with the Florida Dept. of State) N17000008056 (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: The new 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 changing

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

## F., If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

WE ARE REQUESTING THE FOLLOWING STATEMENT BE ADDED TO THE AVEGNO CORP CURRENT
ARTICLES OF INCORPORATION:
"SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL.
AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO
ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)
(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL
TAX CODE. UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR
ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501 (C)(3) OF THE INTERNAL
REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE
DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A
PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF
COMPETENT JURISDICTION IN THE COUNY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION
IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR
ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED
EXCLUSIVELY FOR SUCH PURPOSES."

	e date of each amendment(s) add c this document was signed.	option:	, if other than the
Eff	ective date if applicable:		
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendmen	n(s)
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	æ
	Dated	25	
	Signatur		<u>`.</u>
	have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, opointed fiduciary by that fiduciary)	
	JOSE AV	EGNO	
		(Typed or printed name of person signing)	<del>-</del>
	PRESIDE	NT	
	<del></del>	(Title of person signing)	_