N1700000 8056

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COVER LETTER

TO: Amendment Section Division of Corporations

IME	AVEGNO CORP.		
NAME OF CORPORATION:			
DOCUMENT NUMBER: N170	00008056		
The enclosed Articles of Amendment and fee an	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
TERRY FALLIS, EA			
	(Name of Contact Perso	on)	
JTA BUSINESS SOLU	TIONS LLC		
	(Firm/ Company)		
PO BOX 422862			
	(Address)		
KISSIMMEE, FL 347	42		
	(City/ State and Zip Coo	le)	<u></u>
	•	,	
TERRY@JTABUSI	NESSSOLUTIONS.	СОМ	
TERRY@JTABUSII E-mail address: (to be	used for future annual report	notification)	<u> </u>
For further information concerning this matter, p	Jaga oull		
rot further information concerning this matter, p	nease can.		<u>्</u>
TERRY EALLIC EA		407 500 0454	PH 2: 33
TERRY FALLIS, EA	at	407-580-8451	<u> </u>
(Name of Contact P	erson) (A	rea Code) (Daytime Telepho	one Number) 55 5
Enclosed is a check for the following amount ma	de payable to the Florida Dep	artment of State:	:/
☐ \$35 Filing Fee ☐\$43.75 Filing Fe Certificate of St	ce & \$\Bigsize\$ \$\\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)}	■\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Stanoo	A del more	

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



January 17, 2019

TERRY FALLIS, EA JTA BUSINESS SOLUTIONS LLC PO BOX 422862 KISSIMMEE, FL 34742

SUBJECT: THE AVEGNO CORP Ref. Number: N17000008056

We have received your document for THE AVEGNO CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Numbe

Letter Number: 719A00001413

RECEIVED

OIGHEB 15 PM 12: 36

SECRETAIN THE META

Articles of Amendment to Articles of Incorporation of

LIC AVEONO CODD

(Name of Corporation as of	urmently filed with the Flor	ride Dent. of State)
	arrently inea with the Piol	ida Dept. of State)
N1700008056	Number of Corporation (if k	nown)
(Document)	Number of Corporation (if k	nown,
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	er Profit Corporation adopts the following
A. If amending name, enter the new name of the corr	ooration:	
		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		9 FL8
C. Enter new mailing address, if applicable:		نغن ا
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		77 T. 2: :
		ċ;
		ين
D. If amending the registered agent and/or registered	d office address in Florida,	enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:		
	···	orida street address)
New Registered Office Address:	,	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I d		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 <math>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>Mik</u>	n Doc te Jones ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>DIR</u>	NICOLE DANIELLE KOZE	
X Add			4701 HICKORY TREE RD ST. CLOUD, FL 34772
2) Change Add			
Remove 3) Change			
Add			
4) Change Add			
Remove 5) Change			
Add			
6) Change Add			
Remove			

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
					
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The date of each amendment(s) adoption:date this document was signed.		_, if other than th
Effective date if applicable:		
	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of 9	meet the applicable statutory filing requirements, this date will not 8 State's records.	oe listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)	
☐ There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were	
Dated 12.25	18	
(By the chairman or vice have not been selected.	chaire of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)	_
JOSE /	AVEGNO (Typed or printed name of person signing)	
FOUN		
	(Title of person signing)	