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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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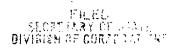
COVER LETTER

TO: Amendment Section

Division of Corpora	tions		
NAME OF CORPORA	TION: LAVONN	A. INC.	
	R: 1090000	,	
	Amendment and fee are su		
The enclosed Afficies by	Amenument and lee are su	omitted to ming.	
Please return all correspo	ondence concerning this mat		
•	LA Vo	NNA ROTH	3568
	/	Name of Contact Person	
	LAVONN	A LAIC	
		Firm/ Company	
	10810 DO	YETTE KAL	SUITE 2321
Petrous	<i>2</i>)	Address	
	KIDERVIO	EW, FL 3	3568
_		City/ State and Zip Code	
	,		
	E-mail address: (to be us	EAVONNAINC . C. sed for future annual report	orn notification)
	•	•	,
For further information c	oncerning this matter, pleas	se call:	
/ // //	Parts	812	2/0 0130
Name of	Contact Person	at (at () 360 - 0630 le & Daytime Telephone Number
Name of	Confact reison	Arça Col	ac & Daytimo reteptione reunioci
Enclosed is a check for the	he following amount made (payable to the Florida Depa	rtment of State:
M \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u> ailin	g Address	Street .	Address
Ameno	lment Section	Amend	ment Section
	on of Corporations		n of Corporations Building
P.O. Box 6327 Tallahasser, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TRIED CONSU	CTING INC 15 MAY 26 PM 3: 27
	y filed with the Florida Dept. of State)
P 0 90000 50	645
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
LAVONNA T	NC , The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10810 BOYETTE RD
(Principal office address MUST BE A STREET ADDRESS)	SUITE 2321
	RIVERNIEW, FL. 33568
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10810 BOYETTE RD
	SUITE 2321
	RUERVIEW FL. 33568
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	· .
name of for section at 150m	
(Florida sti	eet address)
New Registered Office Address:	, Florida
New negistered Office radia ess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
Signature of New F	Registered Agent, if changing

If amending the Officer's 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	<u>PT</u> .	John Doe	(
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change					·
Add					
Remove			/		
2) Change		_ _ _ _ / _ -	1		
Add		$/ \setminus /$	1 4		
Remove			/ / /		
3) Change			· 		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				·	
Remove					
6) Change					
Add			•		
Remove			•		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	4
	
_	
	<u> </u>
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(it not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	W. 新发音、
Effective date if applicable:	CURTING THE
(no more than 90 days after amendment file date)	13 MAY 26 PM 3: 27
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stemust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/20/15 Signature Lavorna Roth	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
LAVONNA ROTH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	