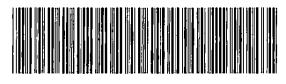
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A. RAMSEY AUG 8.2024

400789, 04135, 0067/

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AVALY CONSUI	LTING, INC.				
DOCUMENT NUM	P18000063920					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Mark Alhadeff					
		Name of Contact Person	1			
	Alhadeff & Rousso Law, P.A.					
		Firm/ Company				
	11900 Biscayne Blvd, Suite	289				
		Address				
	North Miami, Fl. 33181					
		City/ State and Zip Code	2			
	marka@aandrlawyers.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
Mark Alhadeff		at (_) 6189703			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2024

MARK ALHADEFF ALHADEFF & ROUSSO LAW, P.A. 11900 BISCAYNE BLVD, SUITE 289 NORTH MIAMI, FL 33181

SUBJECT: AVALY CONSULTING, INC.

Ref. Number: P18000063920



We have received your document for AVALY CONSULTING, INC. and your check(s) totaling \$35.00. 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.

Letter Number: 424A00016867

Annette Ramsey OPS

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

FILED 2024 AUG-7 AM 8: 18

AVALY CONSULTING, INC.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State).
P18000063920		- Marian
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	•
		The new
	Torp, " "Inc, " or "Co",	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."
B. Enter new principal office address, if applicable:		11900 Biscayne Blvd, Suite 289
(Principal office address MUST BE A S		North Miami, FL 33181
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11900 Biscayne Blvd, Suite 289
		North Miami, FL 33181
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	Alhadeff & Rousso Law.	
Name by New Registered Agent	11900 Biscayne Blvd, Su	ite 289
	Ælorida s	treet address)
New Registered Office Address:	North Miami	. Florida 33181
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	it: with and accept the obligations of the position.
тисту иссергия протитет из техня		1 M
	Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				- · ·
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				_,
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
5) Change		_		
Add				
Remove				47.1
6) Change		_		
Add		_		
Remove				

xuach additional she	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)
- ·	
	
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	·
	
	
<u>l an amendment pro</u> provisions for imple	wides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself:
if not applicable)	incuring the amendment if not comained in the amendment usen.
(y ma apprendicti	, balleting (1977)
	
<u>-</u>	

The date of each amendment(s) as late this document was signed.	doption:	_		, if other than th
_				
Effective date <u>if applicable</u> :	(n	o more than	90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De			licable statutory filing requirements	, this date will not be listed as th
Adoption of Amendment(s)	(CHEC	K ONE)		
The amendment(s) was/were add action was not required.	opted by the inco	orporators, o	r board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su			he number of votes cast for the amer	ndment(s)
			arough voting groups. The following o vote separately on the amendment	
"The number of votes cast	for the amendn	ent(s) was/w	vere sufficient for approval	
by			<u></u> ."	
	(voting	group)		
7/16/2024 Dated				
Signature	HA			
selected		rator – if in t	ficer – if directors or officers have no the hands of a receiver, trustee, or off y)	
	MICHAEL AB	ITEBOL		
	(Тур	oed or printed	d name of person signing)	
	Director		`	
	(Titl	e of person s	signing)	

And the second of the