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AUG 07 2018 **LALBRITTON** 

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AVANTE ACCOU	NTING SERVICES INC	2	
DOCUMENT NUMB	P18000064198 ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	IUAN M. ALVAREZ			
-	AVANTE ACCOUNTING S	Name of Contact Per ERVICES INC	rson	
-		Firm/ Company		
	4816 111TH TER E			
	PARRISH FL 34219	Address		
-		City/ State and Zip C	Code	
avante	acctsolutions@gmail.com			
	E-mail address; (to be us	sed for future annual rep	ort notification)	
For further information	concerning this matter, pleas	se call:		
JUAN M. ALVAREZ		678	231-2785	
Name o	f Contact Person	Area Code & Daytime Telephone Numb		
Enclosed is a check for	the following amount made	payable to the Florida D	epartment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Amendment Section			eet Address endment Section	
Divis	sion of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, Fl. 32314			lon Building	
		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corneration as	s currently filed with the Florida Dept. of State)
P180000064198	starrency med with the Florida Dept. Of State)
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
AVANTE ACCOUNTING SOLUTIONS INC	The _new
	orporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
D. Patas and a similar office address of amplicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	55)
C. Enter new mailing address, if applicable:	N/A 然語 占 厂
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	Em S
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	<u> </u>
(	Florida street address)
N/A	(21
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signatur	e 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		N/A	
3 ) Change			
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
		N/A	
6) Change			
Add			
Remove			

	E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cres, enter change(s) nere:  (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	N/A	, <b>,</b> . ,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		· · ·
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	provisions for implementing the ame	ndment if not contained in the amendment itself:
	1971	
	······································	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Dated 08/01/18 Signature Lun Ally 6.	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – If in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JUAN M. ALVAREZ	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	