## P190000 16114

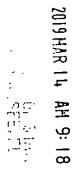
Requ	uestor's Name)	
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C. GOLDEN MAR 2 6 2019

## COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Avolu-	lions Inc.	
DOCUMENT NUMBER: P1900	016714	
The enclosed Articles of Amendment and fee are so	ibmitted for filing.	
Please return all correspondence concerning this ma	utter to the following:	
Veronic	a Trollernd	
Avoluti	Name of Contact Person	)
	Firm/ Company  Address	
Coral GuB	es, FL 33146 City/ State and Zip Code	
	City/ State and Zip Code	
Veronica Oina E-mail address: (to be u	finity group - U sed for future annual report	ISA, COM notification)
For further information concerning this matter, please	se call:	
Alex Graupera	ar ( <u>305</u>	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee S43.75 Filing Fee See 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)
Mailing Address		Address
Amendment Section		ment Section
Division of Corporations P.O. Box 6327		on of Corporations
P.O. Box 6527 Tallahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

A	rticles of Incorporation	FILED
Avolutions	Inc.	2019 HAR 14 AM 9: 1
(Name of Corporation	n as currently filed with the Flori	da Dept. of State)
P19000C	16714	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج
(Docume	nt Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered." "professional association." or the a	"Inc." or "Co". A professional	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>		
	<del></del>	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		the name of the
Name of New Registered Agent		·
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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 officeridirector 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>b.l.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_P_</u>	Infinity Group USA LLC EIN: 83-2571795	430 S. Dixie Huy
X Add		Document #: L18000137800	Ste # 211 Gral Gables, FL 33146
Remove	CE0	Armando Archetti	•
2) Change Add	<u>CC 0</u>	Millands Michelti	430 S. Dixie Hwy Ste # 211
X Remove			Coral Gables FL 33146
3 ) Change	<u></u>	Veronica Trollarud	430 S. OILLE HWY Ste # 211
AddRemove			Coral Garles H33146
4) Change	<del></del>		
Add			
Remove			-
5) Change	<del></del> -		
Add			
Remove			
6) Change			
Add			
Remove			

Auach <i>adamonal</i> .	ding additional Article sheets, if necessary). (	Be specific)			
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<u>-</u>					
<u>f an amendment</u>	provides for an exchan	ge, reclassification,	or cancellation of issu	ued shares,	
provisions for in	plementing the amend	ment if not contained	I in the amendment i	tself:	
(if not applica	ible, indicate N/A)	<del></del>			
, ,,					
				-	
		<del></del>			··· • · · · · · · · · · · · · · · · · ·
				7.13	
				7.11	

The date of each amendment(s) addate this document was signed.	loption:3/8/19	, if other than the
Effective date if applicable:		
mappingane.	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirem partment of State's records.	ients, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the a flicient for approval.	amendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action an	d shareholder
Dated	irector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)  CONICA TO DEF WO  (Typed or printed name of person signing)	ve not been
	COD	
	(Title of person signing)	