

P21000023690

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(Business Entity Name)

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2022 OCT 25 PM 4:22
SECURITY STATE
TALLAHASSEE, FL

g 1/20/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AVOWRITE INC

DOCUMENT NUMBER: P21000023690

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARLA MUSSO

Name of Contact Person

AVOWRITE INC

Firm/ Company

4800 SPRINGFIELD DR

Address

WEST PALM BEACH, FL 33415

City/ State and Zip Code

avowriteinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARLA MUSSO

Name of Contact Person

at (561) 331-0610

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

AVOWRITE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

2022 OCT 25 PM 4:22

P21000023690

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

4800 SPRINGFIELD DR

WEST PALM BEACH, FL 33415

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

4800 SPRINGFIELD DR

WEST PALM BEACH, FL 33415

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

(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>	<u>John Doe</u>
-----------------	-----------	-----------------

X Remove V Mike Jones

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	V	DALIA FERNANDEZ	4800 SPRINGFIELD DR
<input checked="" type="checkbox"/> Add			WEST PALM BEACH, FL
<input type="checkbox"/> Remove			33415

2) Change _____

Add _____

Remove _____

3) _____ Change _____
_____ Add _____
_____ Remove _____

4) ☐ Change ☐ ☐ ☐

☐ Add ☐ ☐

☐ Remove ☐

5) ☐ Change _____

☐ Add _____

☐ Remove _____

d) _____ Change _____
 _____ Add _____
 _____ Remove _____

(Attach *additional sheets, if necessary*). (Be *specific*)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

10/04/2022

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

10/04/2022

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 President _____"
(voting group)

10/17/2022
Dated _____

Signature Karla Musso
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KARLA MUSSO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)