## P24000008779

(Re	equestor's Name)
(Ad	ddress)
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PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
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Селіfied Copies	Certificates of Status
Special Instructions to	Filing Officer.
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FILED

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>AVa Mu</u>	ndy PA	
DOCUMENT NUMB	er: <b>P2400000</b> 9	3ma	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	atter to the following:	
-	Ava	Name of Contact Person	<u>)                                    </u>
-		Firm/ Company	
-	1903	2 Duncan Co Address	wrt
-	Das	Se City FL 3	3523
-	AvaMclaun		2 amail com
For further information	concerning this matter, plea	se call:	
Ava N	iclaurin	at ( <u>121</u>	270-5265
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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

Ava Mundi	y PA
(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000008779	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
AvaMclaurin	DAThe new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	19032 Duncan Court Dade City FC 33523
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PILED  2024 NOV 22 PM 4  SECRETARY OF 8- FALL AHASSEE.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent WA MC	aunn
19032 Di	uncan Colut
New Registered Office Address: Dade Cot	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
1 \ Signature of New Res	gistered Age <del>nt, if Ch</del> anging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 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	<u>V</u>	Mike Jones		
_X Add	SV	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addr</u>	<u>es</u> s
1) Change	P	pvaMclau	inn 10	032 Duncan Caur ade City Fl
Add			<u> 13</u>	ade City FL 33523
Remove				
2) Change Add	<del></del>	_		
Remove 3 ) Change				
Add				
Remove			<del></del>	
4) Change				
Add				
Remove				<del></del>
5) Change				
Add				
Remove				
6) Change		<u></u>		
Add				
Remove				

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	sued shares, itself:
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The date of each amendment(s) adoption: $\frac{11}{19}$ $\frac{2324}{2324}$ , if other than the date this document was signed.
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"
Dated 11 1924  Signature (By a director, president of 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)  AVA McLaum
(Typed or printed name of person signing)
Title of person signing)