P/0000093338

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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10/24/11--01023--007 **35.00



Amend Mc Never's 11-8-11

COVER LETTER

TO: Amendment Division of C			÷
NAME OF COR	PORATION: V& U	Better Busin	ess, INC
DOCUMENT N	umber: P 100	00093338	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
	Viktoras	Binkys Name of Contact Person	
	VEU BeH	EV Business, 1.	NC
	2473 Pra	ivie View Dr	
	Winter Gara	clen FL 347 City/ State and Zip Code	87
	E-mail address: (to be use	d for future annual report notification)	
	ation concerning this matter,	please call:	
VIKtoras	Binkys of Contact Person	at (<u>321</u>) <u>947</u> Area Code & Daytime Tel	- 1440
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment 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 A		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	•
P.O. Box 6327		Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2011

VIKTORAS BINKYS V&U BETTER BUSINESS, INC 2473 PRAIRIE VIEW DRIVE WINTER GARDEN, FL 34787

SUBJECT: V&U BETTER BUSINESS, INC

Ref. Number: P10000093338

We have received your document for V&U BETTER BUSINESS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000020732 - BOOKWORMS LLC.

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) 245-6905.

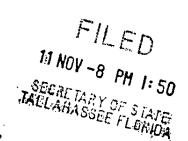
Thelma Lewis
Document Specialist Supervisor

1 NOV -8 PM 1.05

Letter Number: 211A00024351

Articles of Amendment to Articles of Incorporation

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



P 10000093338
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Book Worms Better Business, INC
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address: (Florida street address)
, 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

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)

<u>Title</u>	Name	Address	Type of Action
	Viktoras Binkys ULA BINKYS	2473 Frairie View Winter Garden, FL 34787	△ Add Remove
<u>resident</u>	ULA BINKYS	2473 Procivie View Winter Garden, FL 34787	Add Remove
	·		_
	g or adding additional Articles, enter		
- (-			
provisions	ndment provides for an exchange, rec for implementing the amendment if applicable, indicate N/A)		

The date of each amendment	(s) adoption: 10 · 10 · 20 11
*	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated /	0-17-2011
(By selc	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	VIKTORAS BINKYS
	(Typed or printed name of person signing)
	Fresident
	(Title of person signing)