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TO: Amendment Section Division of Corporations

NAME OF CORPO	MATHIAS LUCKI RATION:	E CORP	
DOCUMENT NUM	P16000054317 BER:		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this man	tter to the following:	
	KARLA NUNEZ		
	MATHIAS LUCKE CORP	Name of Contact Person	
	16000 Fairway Cir	Firm/ Company	
	WESTON, FL. 33326	Address	
		City/ State and Zip Code	
	karlalucke@hotmail.com		
	E-mail address: (10 be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KARLA NUNEZ		754 at (6105283
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	riment 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 Articles of Incorporation of MATHIAS LUCKE CORP



(Name of Corporation as currently filed with the Florida Dept. of State) P16000054317

	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation a	dopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
VICK SERVICES CORP			771
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" "chartered," "professional association,"	"orp, " "Inc." or "Co"	A professional corporation i	The new or the abbreviation "Corp." name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A ST		WESTON FL 33326	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	cable: OFFICE BOX)	16000 FAIRWAY CIR	
(<u></u>		WESTON FL 33326	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			ime of the
	16000 Fairway Cir		
	(Florida si	reet address)	
New Registered Office Address:	WESTON		33326 . Florida
ive is registered Office Platiness.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I ahı familiar	t: with and accept the obligatio Registered Agent, if changing	
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 Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Nar	mç		Address
1)Clunge					
Add					
Remove					
2) Change				_	
Add					
Remove 3) Change					
Add					
Remove					
4) Change				_	
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change				_	
Add					
Remove					

{	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) ANGE NAME
NE	W NAME: VICK SERVICES CORP
OL,	D NAME: MATHIAS LUCKE CORP
	.
F. j	If 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)

The date of each amendment(s) ad	loption:, if other than
date this document was signed.	09-01-2020
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval
	••
	••
by	(voting group)
by	••
by	(voting group)
Dated	(voting group) 09-01-2020