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AUG 1 0 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: V. ta Dave TnC
DOCUMENT NUMBER: (200000 29304
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fiord Lize Castillo
Vitubare In C
Firm/ Company 1557 Boford Drive # 492167 FC
Lawrence ville GA 30043 City State and Zip Code
Dales Castillo Quitabare Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Floyd Cize Castillo at (470) 416-2761 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to

Articles	of	Incorpora	tion

	Articles of Incorporation
\bigvee_{i}	tamere INC
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
D'27	0000000000
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	la Statutes, this <i>Floridu Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbre	corporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable	e:
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)
	• •
C. Catanana mailina addana if analimbla	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	28)
	<u> </u>
	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	
	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
<u>.</u>	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent: I am familiar with and accept the obligations of the position.
т негеоу ассері іне арротітені из геділіегей идені.	i am jamatar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing
Check if applicable	

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)

__ Remove

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 5. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	$\overline{\mathbf{b}.L}$	John De	<u>w:</u>					
X Remove	<u>v</u>	Mike Jo	<u>ones</u>					
X Add	SV	Sally Si	mith					
Type of Action (Check One)	Title		<u>Name</u>				Address	
1) Change	\mathcal{Q}	_	<u>M.</u>	regu	Le 1	Montas	Civole, Lawrence	brook
Add Remove							GA 30043	ville
2) Change		_						
Add								
Remove 3) Change	-				 .			
Add								
Remove								
4) Change								
Add								
Remove								
5) Change		_						
Add								
Remove								
6) Change								
Add								

	g additional Artic ts, if necessary).	(Be specific)			
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an amendment pro	vides for an exch:	ange, reclassific	ation, or cancella	ition of issued sh	ares,
	menting the amer	idment if not co	ontained in the ar	nendment itself:	
provisions for imple	, indicate NA)				
if not applicable					
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	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	ino more than 90 days after amendm	ent file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing	
Adoption of Amendment(s)	(CHECK ONE)	
S(The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors with	thout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes conficient for approval.	nt for the amendment(s)
	oved by the shareholders through voting groups ach voting group entitled to vote separately on th	
"The number of votes cast f	or the amendment(s) was/were sufficient for appr	eval
by	(voting group)	
Signature (By a dir	ector, president or other officer – if directors or o	Micers have not been
	by an incorporator – if in the hands of a receiver d fiduciary by that fiduciary)	; trustee, or other court
1	Ford Lize Castill	<u> </u>
	(Typed or printed name of person signi	ng)
-	Vresident	
	(Title of person signing)*	