P16 000090366

(Requestor's Name)	
(Address)	100359
(Address)	10033
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/16/21-
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	VERTICORE GR	OUP	CORP	
DOCUMENT NUMBER: _		P16000090	366		
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.			
Please return all corresponder	ice concerning this ma	itter to the following:	;		
		MICHELLY FER	RREIR	A	
		Name of Contact	Person		· •
		CAMPANA GE	ROUP:	S	
	.,	Firm/ Compa	iny		
		3023 BURTON PO) TAIC	CT.	
-		Address			
		WAXHAW, NC	28173		
		City/ State and Zi	p Code		
For further information conce		se call: at (\$	954	,	228-0706
Name of Conta		at (Ar	rea Cod	e & Dayti	ime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florid	a Depai	tment of	State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)		Certifi Certifi (Addit	0 Filing Fee icate of Status ied Copy tional Copy losed)
Mailing Ad Amendment Division of P.O. Box 63	Section Corporations	7. [Amenda Division	address nent Section of Corporates	
Tallahassee,					Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VERTICORE GROUP CORP

VERTICONE GROOT GORT	1
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000090366	
(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 a its Articles of Incorporation:	imendment(s) to
A. If amending name, enter the new name of the corporation:	
VERKOTECH GROUP CORP.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	"Corp.," the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	36
	<u></u>
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C. Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-
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	<u>မှာ</u>
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	
(Florida street address)	
New Registered Office Address:	ا اما
(City) (Zip Co	ae)
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) (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) 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 \underline{V} Mike Jones X Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> Name 1 (Check One) 1) ___ Change ___ Add ___ Remove 2) ____ Change ____ Add __ Remove 3) ____ Change ____ Add ____ Remove

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	option:	
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and sh	nareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	02/11/2021	
Signature	rtey De Oliveira Juliao	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ARLEY DE OLIVEIRA JULIAO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	Ì