

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>;;</u>
(Document Number)	
Certified Copies Certificates of :	Status
Special Instructions to Filing Officer:	
	li l

Office Use Only



900303303119

09/05/17--01033--024 ++35.00

SEP 0 7 2017 STATE OF SEP 0 7 2017 S. YOUNGARDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	VENMARK OF FLORIDA, INC.	
DOCUMENT NUMBER:	M44424	
The enclosed Articles of Amendment and	d fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	VIVIAN SICHEL	
	Name of Contact Person	
	VENMARK OF FLORIDA, INC.	
	Firm/ Company	
	14719 CLARENDON DR	
	Address	
	TAMPA, FL 33624	
	City/ State and Zip Code	
	VIVTAMPA@AOL.COM	
E-mail addres	s: (to be used for future annual report notification)	
For further information concerning this m	815 417-0724-Cell 00	
VIVIAN SICHEL	at (813) 264-7142 — HOME SON	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

VENMARK OF FLORIDA, INC.

(Name of C	orporation as currently f	iled with the Florida Dept. of State))	
	M44424			
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the fo	ollowing amendme	ent(s) to
A. If amending name, enter the new name	 of the corporation:			
N/A			T1	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	"Corp," "Inc," or "Co	". A professional corporation name		!
B. Enter new principal office address, if ap	 	14719 CLARENDON D)R	
(Principal office address MUST BE A STRE		TAMPA, FL 33624		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		14719 CLARENDON D)R	
		TAMPA, FL, 33624		
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the name of the	SECIVE SECIVE	
	<u> </u>	N SICHEL	AS P	=
Name of New Registered Agent	14719 CLA	RENDON DR	- 10 5	LU J
	(Florida street	address)	70 R	O
New Registered Office Address:	TAN	ЛРА Florida	39024	
The Manuel on Commences.	(Ci	,	(Zipeode)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		and accept the obligations of the po	sition.	
	<u> </u>	ichel		
	Signature of New Regi	istered 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 bet	ng added:

(Attach additional sheets, if necessary)

(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 mainer. 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	PT	John Doe		
		11		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	 <u> </u>	<u>umc</u>	Address
1) Change	AS	R(OBERT TARABOULOS	9300 S DADELAND BLVD
Add		ļ		STE 600
X Remove		ļ		MIAMI, FL 33156
2) Change	_AS		NA YVONNE BLECHINGBERG	8927 SW 66TH PLACE
X Add				GAINESVILLE, FL 32608
Remove				
3) Change		- 		
Add		ļ		
Remove				
4) Change	· · ·	- -		
Add			!	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: '(Be specific)
N/A	
	
	46
	-
 	
	li li
F 16	Not a first to the second seco
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
·	
	\ <u>\</u>

The date of each amendment(s) adoption:	/A · , if other than the
date this document was signed. N/A	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (CI	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
The amendment(s) was/were approved by the must be separately provided for each voting	e sharcholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval
by	ling group)
(vá 	ling group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated	
Signature ()()	Ca Sichal
(By a director, pres	ident or other officer - if directors or officers have not been
selected, by an incomposited fiduciary	poporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	WIAN SICHEL
	Typed or printed name of person signing)
	NO NO
	(Title of person signing)