## M44424

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:VE	NMARK OF FLORIDA, II	NC.	
DOCUMENT NUMBER: M44424				
The enclosed Articles o	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		VIVIAN SICHEL		
_		Name of Contact Person	n	
		VENMARK OF FLORIDA	A, INC.	
-		Firm/ Company		
		14719 CLARENDON DE	RIVE	
		Address		
		TAMPA, FL 33624		
-		City/ State and Zip Cod	e	
		VIVTAMPA@GMAIL	COM	
<u></u>	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
VIVIAN S	SICHEL	at (813	417-0724	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Address Iment Section	
	ion of Corporations		on of Corporations	
P.O. Box 6327		Clifton	Building	
Tallahassee El 32314		2661 F	Secutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## VENMARK OF FLORIDA, INC.

VENMA	RK OF FLORIDA, INC.				
(Name of Corpora	tion as currently filed w	ith the Florida Dept. of State	<u>:</u> )		
(Doct	ment Number of Corpora	tion (if known)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida I</i>	Profit Corporation adopts the	following	g amend	lment(s) to
A. If amending name, enter the new name of the	corporation:				
(2)				_The +	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p, " "Inc, " or "Co". A	npany," or "incorporated" o professional corporation nam	r the af ie must c	obreviat contain	tion the
B. Enter new principal office address, if applicab		N/A			
(Principal office address MUST BE A STREET AL		N/A			<del></del>
					_
C. Enter new mailing address, if applicable:		N/A		NOV.	-
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	N/A		1:	
				O HE	T!
D. If amending the registered agent and/or regist new registered agent and/or the new registere		orida, enter the name of the	- E	() ()	<b></b>
	N/A				
Name of New Registered Agent	N/A	•=	<del> </del>		
<del></del>	(Florida street addres	is)			
New Registered Office Address:	N/A	, Florida	N/A		
HEN REGISTERE Office Hadress.	(City)		(Zip C	Code)	_
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.	egistered Agent:	accept the obligations of the p			
Sig	gnature of New Registered	l 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)

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	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	VTD	VIVIAN SICHEL	14719 CLARENDON DRIVE
Add			TAMPA, FL 33624
Remove			7. 7.
2) X Change	D	ANA YVONNE BLECHINGBERG	8927 SW 66TH PLAÇE
Add	<u> </u>		GAINESVILLE, FL 32608
Remove			10:
3) X Change	D	THOMAS BLECHINGBERG	RES. EL PANORAMA, ART A-41
Add			CALLE CNTRL.TR.CLB HIPICO
Remove			CARACAS, VENEZUELA
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del>- 1, r -</del>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del></del>
	19
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	-
N/A	75 T
	15/4 O W
	•
	·····
	- N - V - W - V - V - V - V - V - V - V - V

The date of each amendment(s) adoption:  date this document was signed.  , if other that
N/A  Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
10/22/19 Dated
Signature Division Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
VIVIAN SICHEL
(Typed or printed name of person signing)
VTD
(Title of person signing)