N09000009734

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$\underline{COVER\,LETTER}$

TO: Amendment Section Division of Corporations

Venture Internati NAME OF CORPORATION:	ional Academy, Inc.		
N09000009734 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Dian F. Joy			
<u>, </u>	(Name of Contact Person)		
Venture International Academy, Inc.			
	(Firm/ Company)		
106 E. Nelson Street			
	(Address)		
Tavares, Florida 32778			
***************************************	(City/ State and Zip Code)		
djoy.ventureacademy@yahoo.com			
E-mail address: (to be	used for future annual report notification)		
For further information concerning this matter, ple	ease call:		
Dian F. joy	352 408-4014		
(Name of Contact Per			
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	& \$\Bigsquare\text{\$\$\$ \Bigsquare\text{\$\$}\$\$ \$\Bigsquare\text{\$\$\$}\$\$ \$\Bigsquare\text{\$\$\$}\$\$ \$\Bigsquare\text{\$\$\$}\$\$ \$\Bigsquare\text{\$\$\$}\$\$ \$\Bigsquare\text{\$\$\$}\$\$\$ \$\Bigsquare\text{\$\$\$}\$\$\$ \$\Bigsquare\text{\$\$\$}\$\$\$ \$\Bigsquare\text{\$\$\$}\$\$\$\$ \$\Bigsquare\text{\$\$\$}\$\$\$\$ \$\Bigsquare\text{\$\$\$}\$\$\$\$ \$\Bigsquare\text{\$\$\$}\$		
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Venture International Academy, Inc.		
(Name of Corporation as currently filed with the Florida I	ept. of State)	:
N09000009734		<u>-</u>
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpo</i>	oration adopts the following
A. If amending name, enter the new name of the corporation:		•
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbre	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	106 E. Nelson Street	
(Principal office address MUST BE A STREET ADDRESS	Tavares, Florida 32778	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	106 E. Nelson Street	
(Finning units)	Tavares, Florida 32778	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:	ice address in Florida, enter the na address:	me of the
	(Florida street add	r(55)
New Registered Office Address:		
		_, Florida (Zip Code)
	(City)	(Zip Coae)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligation	ons of the position.
	Signature of New Registered Agent, i	f 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 X Remove X Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	i <mark>g additic</mark> ts, if nece	onal Articles, enter change(s) here: ssary). (Be specific)	

					
		_ 			
		 			
					
	Junuary 1 2020	16 who without the			
date this document was signed.	January 1, 202 6	, if other than the			
Effective date <u>if applicable</u> :	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 as the document's effective date on the Department of State's records.					
	(CHECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.