N10000003873

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
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SECRETARY, OF STALE

Anund (a) 1/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VIDA Y DES	STINO INTERNACIÓNAI	_ INC
DOCUMENT NUMI	BER: N10000003873		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	JOANNE	. W WEBSTER	
		Contact Person)	
	JOANNE WEBS	STER SECRETARIAL	
	(Firm	/ Company)	
	700B B	EAL PKWY N	
	(<i>P</i>	Address)	
•	FT WALTON	BEACH FL 32547	
	(City/ Stat	e and Zip Code)	
	joannewweb	ester@yahoo.com	ion
For further information	n concerning this matter, please	•	1011)
Torrance information	/	can.	
JOANNE W WEBS	STER	at (850) 862-0903	}
(Name o	of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for	r the following amount made pa	ayable to the Florida Department of	of State:
	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address	Street Address	·,
	Iment Section on of Corporations	Amendment Section	-
	ox 6327	Division of Corporation Clifton Building	S
	assee, FL 32314	2661 Executive Center (Circle

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of

VIDA Y DESTINO INTERNACIÓNAL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000003873

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		Profit Corporation		
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or		acorporated" or the		
B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)			
D. If amending the registered agent and/or renew registered agent and/or the new regist		nter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
_	(City)	, Florida		

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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP ·	DAVID CORRAL	34 BEACON WAY SANTA ROSA BEACH FL 32459	☑ Add □ Remove
E. <u>If amendi</u> (attach add	ing or adding additional Articles, enditional sheets, if necessary). (Be sp	nter change(s) here: pecific)	

			1,2

The date of each amendment(s)	adoption: AUSUP 8, 20 0
	(date of adoption is required)
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Signature/ (By the have n	JST 18 2010 Chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of court appointed fiduciary by that fiduciary)
-	MIGUEL A. PERDOMO (Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)

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