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| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | | I ENTERPRISES IN | TERNATION | AL, INC. |
|-------------------------------|---|--|----------------------|--|
| DOCUMENT NUMBER: _ | UMENT NUMBER: | | | |
| The enclosed Articles of Am | endment and fee are subm | itted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| | • | VENUS MILLER | | |
| | (| Name of Contact Pe | erson) | |
| | | (Firm/ Company | ·) | |
| | 1201 | 10 SW 268TH ST. U | INIT #41 | |
| | | (Address) | | |
| | F | IOMESTEAD, FL 3 | 3032 | |
| | | City/ State and Zip (| Code) | |
| | | amp37@hotmail.co | om | |
| Е | -mail address: (to be used | for future annual rep | ort notification |) |
| For further information conc | erning this matter, please o | call: | | |
| EUNICE GIBSON | | at | 786 | 973-5059 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | vable to the Florida I | Department of S | State: |
| \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certifi s Certifi | O Filing Fee cate of Status ed Copy ional Copy is sed) |

Mailing Address

Amendment Section Division of Corporations 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

VM ENTERPRISES INTERNATIONAL, INC.

| (Name of Corporation as curr | ently filed with the Florida | Dept. of State) |
|--|---------------------------------------|--|
| | N17000003604 | |
| (Document Nur | mber of Corporation (if know | n) |
| Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation: | autes, this <i>Florida Not For Pr</i> | rofit Corporation adopts the following |
| . If amending name, enter the new name of the corpor | ration: | |
| TIME TO TALK FOR RI | EAL, INC. | The new |
| ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name. | oration" or "incorporated" o | |
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> | <u> </u> | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | —— HIX | 2017 (JEC 20 |
| D. If amending the registered agent and/or registered o new registered agent and/or the new registered offic | | er the name of the |
| Name of New Registered Ayent: | NA | <u> </u> |
| New Registered Office Address: | (Florida | a street address) |
| | MIA | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Register | | • |
| hereby accept the appointment as registered agent. I am | familiar with and accept the | obligations of the position. |
| | MIX | |
| | Signature of New Registered | d 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 X Remove A Add | | Doe Jones Smith | |
|----------------------------------|--------------|-----------------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | Alla | |
| Add | | | |
| Remove | | | |
| 2) Change | | 419 | |
| Add | | | |
| Remove | | | |
| 3) Change | | <u>ul A</u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | LIA_ | _ |
| Add | | | |
| Remove | | | |
| 5) Change | | 4/4 | |
| Add | | | |
| Remove | | | |
| 6) Change | | - W/X | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary), (Be specific) | |
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| | e date of each amendment(s) ace this document was signed. | loption: | , if other than the |
|-----|---|--|---------------------|
| Eff | ective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | <u> </u> |
| | te: If the date inserted in this blo rument's effective date on the De | ck does not meet the applicable statutory filing requirements, this date will no partment of State's records. | ot be listed as the |
| Ad | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were as was/were sufficient for approv | dopted by the members and the number of votes cast for the amendment(s) | |
| | There are no members or mem adopted by the board of direct | pers entitled to vote on the amendment(s). The amendment(s) was/were prs. | |
| | Dated | 11/29/2017 | |
| | have not be | man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | | VENUS MILLER | |
| | | (Typed or printed name of person signing) | |
| | | PRESIDENT | |
| | | (Title of person signing) | |