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COVER LETTER

Division of Corporations
NAME OF CORPORATION: VOUHN OF DESTINY
DOCUMENT NUMBER: N1700011835
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Latoyia Banks (Name of Contact Person)
Traine of Contact (closel)
(Firm/ Company)
14323 SW 276 Way
Homestead F1, 33032 (City/State and Zip Code)
LSbanks 78 and 9 mail; Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LCHOYIA Banks at 305) 834-0304 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{align*} \text{\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \\ \end{align*} \text{\$\$Certified Copy is Enclosed)} \\ \end{align*} \text{\$\$Certified Copy is Enclosed} \\ \end{align*} \$\$Certified Copy is Enc
Mailing Address Street Address

Mailing Address

TO: Amendment Section

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

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2017	174-8	Aii	9: 50
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(Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) (Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: (A. If amending name, enter the new name of the corporation: (A. If amending name, enter the new name of the corporation: (Company" or "Co." may not be used in the name. (Company" or "Co." may not be used in the name. (Principal office address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX) (If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the
Name of New Registered Agent:
(Florida street address)
New Registered Office Address:
, Florida
(City) (Zip Code)
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.
$\mathcal{N} \mathcal{I} \mathcal{O}$
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)

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>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	•	_ N/A	<u></u>
Add Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove		• / / 🗸	
4) Change Add			
Remove			
5) Change		N/A	
Add Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Oirectors are elected is
MYECTORS OVE Elected is
15 per or avv

The date of each amendment(s) adoption: 1/1/2018 date this document was signed.	if other than the
Effective date if applicable: 2018 (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 document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 1/1/2018	
Signature (By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator - it in the hands of a receiver, trustee, or	
other court appointed fiduciary by that fiduciary) LCHOYLO DERRICK (DXINKS BANKS	
(Typed or printed name of person signing)	
COO / CEO (Title of person signing)	