# PDD000090135

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VEARCO CORPO	DRATION	
DOCUMENT NUMB	ER: P00000090135		
	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
-		Name of Contact Person	n
-		Firm/ Company	
-	<del></del>	Address	
-		City/ State and Zip Cod	e
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
AARON CARDELINO		at (	) 5624249 ode & Daytime Telephone Number
Name of	Contact Person	Area Co	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	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### VEARCO CORPORATION

( <u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)		
P00000090135				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this F	Torida Profit Corporation adopts the fo	ollowing amendr	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con	tain the word "corporation,	" "company," or "incorporated" or	The ne the abbreviati	
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation name		
B. Enter new principal office address, (Principal office address MUST BE A S				-
				· -
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			- <del> </del>	-
			7 DCT	••••
D. If amending the registered agent an		ss in Florida, enter the name of the	16 F	画
new registered agent and/or the new	AARON CARDELINO	· ·		
Name of New Registered Agent		<del></del>	<b>多</b> 。	
	55 SE 6TH ST, UNIT 3804	<u>.</u>		
	(Florida stree			
New Registered Office Address:	MIAMI	, Florida	3131 ————————	
	(0	City)	(Zip Code)	
Now Degistered Agent's Signature if a	hanaina Dogistovod Laodts			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the po	sition.	
	Signature of NAV Re	vistered Avent 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.

X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ły Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	OSCAR CARDELINO	1265 CHENILLE CIR
Add			FORT LAUDERDALE
X Remove			FLORIDA, 33327
2) Change	V	DEISSY BORELLY	55 SE 6TH ST, UNIT 3804
X Add		<del></del>	MIAMI FL 33131
Remove			55 SE 6TH ST. UNIT 3804
3 ) Change	P	AARON CARDELINO	MIAMI FL 33131
X Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	· · · · · · · · · · · · · · · · · · ·	icles, enter change(s) here:  (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the amer	ndment if not contained in the amendment itself:
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	(if not applicable, indicate N/A)	
	(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other t	han the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed of State's records.	l as the
Adoption of Amendment(s) (9	HECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s) approval.	
	he shareholders through voting groups. The following statement ig group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	endment(s) was/were sufficient for approval	
by	."	
(**	oting group)	
action was not required.	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder	
10/10/2017 Dated		
selected, by an in	esident or other officer - if directors or officers have not been corporator - if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
AARON	CARDELINO	
<del></del>	(Typed or printed name of person signing)	
PRESID	NT	
	(Title of person signing)	