## P0200070549

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300315855473

07/19/18--01001--027 \*\*35.00

FILED

18 JUL 19 AN 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 23 2018 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VALUE TRANSM	IISSION, INC	
DOCUMENT NUMBI	0000000000000		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
A	UREA B LARRALDE		
<del>-</del>		Name of Contact Persor	1
\	/ALUE TRASMISSION, IN	1C	
_		Firm/ Company	
3	009 N ARMENIA AVE		
_		Address	
ר	AMPA FL 33604		
_		City/ State and Zip Cod	2
valueti	ansmission@aol.com		
		sed for future annual report	notification)
For further information  Aurea B Larralde	concerning this matter, pleas	813	<b>843-7766</b>
Name of	Contact Person	at (at Co	) de & Daytime Telephone Number
	the following amount made		·
S35 Filing Fee	□\$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)
Amen Divisi P.O. 1	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSec. FL 32301

## Articles of Amendment Articles of Incorporation of

VALUE TRANSMISSION, INC			
(Name o	of Corporation as currently	filed with the Florida Dept. of S	State)
P02000070549			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this $F$	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	1/A	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." or "C	o". A professional corporation	f" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS   N		
C. Enter new mailing address, if applied the Mailing address MAY BE A POST	icable: OFFICE BOX) NA		18 JUL 19 SECON LANSSEE
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of	the CRUDA
Name of New Registered Agent		·	
	106 E GENESEE ST	·	
	(Florida stree	et address)	
New Registered Office Address:	TAMPA	, Flo	<del></del>
	(0	Tiy)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of t	he position.
	Signature of New Re	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X 1) Change	Pres	Marcos E Larralde	106 E Genesee St
Add			Tampa FL 33603
Remove			
2) X Change	V Pres	Aurea B Larralde	106 E Genesee St
Add			Tampa FL 33603
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			<del></del>
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

(Attacl	ending or adding additi additional sheets, if neo	vessary). (Be :	specific)	N/A			
				<u>-</u>			
						_	
							<del></del>
						<del></del>	
					-	<u> </u>	
	<del> </del>						
			<u> </u>				<del>-</del>
If an :	amendment provides fo	r an exchange,	reclassificațio	on, or cancellation	on of issued shar	<u>'es,</u>	
prov	isions for implementing if not applicable, indicate	the amendmente N/A)	it if not conta	ined in the amer	ndment itself:		
			NIT				
							_
							-
			•	<del></del>			
<del></del> -	·					<del></del>	

The date of each amendment(s) add	option:	, if other th
date this document was signed.		
Effective date if applicable:		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were adopted action was not required.	nted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	nted by the incorporators without shareholder action and shareholder	
Dated <u>07</u> -	-17-2018	
Signature	12-2018 Mindel	
(By a dir	rector, president or other officer – if directors or officers have not been	_
	, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
_	Aura Blanalde	
	(Typed or printed name of person signing)	