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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	V.L. Harrison Enterprises, Inc.			
DOCUMENT NUMI	BER:	P02000125657	-		
The enclosed Articles	of Amendment and fee a	re submitted for filing.			
Please return all corre	spondence concerning thi	is matter to the following:			
end that	Vickie Harrison				
	N	Jame of Contact Person			
_		Firm/ Company	·		
	4331 23rd Avenue SW				
		Address			
		ples, Florida 34116 Lity/ State and Zip Code			
	falynner E-mail address: (to be use	miller@gmail.com ad for future annual report notification)			
For further information	n concerning this matter,	please call:			
Vicl	kie Harrison	at ( 239 ) 353-3487			
Name of Contact Person		Area Code & Daytime Telephone Nur	nber		
Enclosed is a check for	or the following amount n	nade payable to the Florida Department of S	State:		
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certifi (Additional copy is enclosed) Certifi	Filing Fee cate of Status ed Copy ional Copy is enclosed)		
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

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FILED

V/I Harrisa				
v.L. marrisor	n Enterprises,	Inc.	ZUUG AUG -	,
(Name of Corporation as curre	ntly filed with the F	lorida Dept. of	State	PM 12: 07
V.L. Harrison  (Name of Corporation as current P020  (Document Number)	00125657		TALLAHARY	Gr. es
(Document Num	her of Cornoration (	f known)	ASSE	E. FLORIE
(Document Numb	ber or corporation (	i known)		THIUA
rsuant to the provisions of section 607.1006, endment(s) to its Articles of Incorporation:	, Florida Statutes, t	his <i>Florida Prof</i>	it Corporation ac	lopts the follow
If amending name, enter the new name of	the corporation:			
				The new
ne must be distinguishable and contain th	he word "corporat	ion." "company	" or "incorpora	ited" or the
reviation "Corp.," "Inc.," or Co.," or the	designation "Corn	"Inc " or "Co"	' 4 professional	corporation
				corporation
ne must contain the word "chartered," "prof	essionai association	, or the abbrev	iation P.A.	
Enter new mineral office address if and	iaablar			
Enter new principal office address, if application in the second				
incipal office address MOST BE A STREET	(ADDKESS)			
	<del></del>			
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	CE BOX)			
(maning address militable desired)				<del>_</del>
<del></del>				
		•		
				_
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If amending the registered agent and/or re	egistered office add	ress in Florida,	enter the name o	<u>—</u> — <u>f the</u>
If amending the registered agent and/or renew registered agent and/or the new regis			enter the name o	f the
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new registered agent and/or the new regis  Name of New Registered Agent:	tered office addres: (Florida s	s: treet address)	<del></del>	
new registered agent and/or the new regis	tered office addres	s: treet address)	enter the name o	
new registered agent and/or the new regis  Name of New Registered Agent:  New Registered Office Address:	(Florida s	s <u>:</u> treet address)	<del></del>	
new registered agent and/or the new regis  Name of New Registered Agent:  New Registered Office Address:  w Registered Agent's Signature, if changin	(Florida s (City)	s: treet address)	, Florida (Zip Code)	
Name of New Registered Agent:	(Florida s (City)	s: treet address)	, Florida (Zip Code)	

Signature of New Registered Agent, if changing

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name Address Type of Action **PVST** Falynne Harrison 4331 23rd Avenue SW ☑ Remove Naples, Florida 34116 Vickie Harrison PVST \_\_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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/A)

· If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendmen	t(s) adoption: <u>07</u>	7/21/2009
Effective date <u>if applicable</u> :	07/21/2009	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)
The amendment(s) was/we by the shareholders was/w	• •	shareholders. The number of votes cast for the amendment(s) approval.
		te shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	··	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_07/2	21/2009	<del></del> ,
Signature _	Value?	Harreson
sel		lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Vickie Harrison
	(Ту	ped or printed name of person signing)
		President
	(Title o	f person signing)