## PO2000135068

(Re	questor's Name)	
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T. LEMIEUX



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	VENELSEN INTI	ERNATIONAL, INC.	
DOCUMENT NUMB	P02000135068		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Gabriel Fernandez		
	VENELSEN INTERNATIO	Name of Contact P NAL, INC.	erson
•	2719 Hollywood Blvd.	Firm/ Compan	y
	Hollywood FL 33020	Address	
		City/ State and Zip	Code
gferna	andez@venelint.com		
	E-mail address: (to be us	sed for future annual re	port notification)
For further information	concerning this matter, pleas	se call:	
Gabriel Fernandez		305 at (	593-9994
Name o	f Contact Person	Are	a Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida	Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ar Di Cl	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VENELSEN INTERNATIONAL, INC.

(Name of	Corporation as currently	filed with the Florida Dep	t. of State)	
P02000135068				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following	amendment(s) to
A. If amending name, enter the new name. N/A	ne of the corporation:		_	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	o". A professional corpore	orated" or the abb	The new previation prain the
B. Enter new principal office address, if (Principal office address MUST BE A ST.		N/A		<del></del> -
C. Enter new mailing address, if applic	a bla:			
(Mailing address MAY BE A POST O		N/A		
		ss in Florida, enter the nar	ne of the	
Name of New Registered Agent				
-	(Florida stree	et address)		
New Registered Office Address:			, Florida	
	(6	City)	(Zip Co	de)
New Registered Agent's Signature, if char I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar wi	th and accept the obligation	is of the sition 22 P	
	Signature of New Re	gistered Agent, if changing	2.5	

## 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X 1) Change	P	CARLOS HAUSMANN	6000 ISLAND BLVD Apt 1402
Add			AVENTURA, FL 33160
Remove			
X 2) Change	v	LEON R HAUSMANN	3301 NE 183 St. Unit 708
Add			Aventura, FL 33160
Remove			
X Change	D	HENRIQUE PEREL	2201 NE 202 Street
Add			Miami, FL 33180
Remove			
4) Change	D	EVELYNE HAUSMANN	6000 ISLAND BLVD Apt 1402
X Add			AVENTURA, FL 33160
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

/A								
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If an amendm	sent provide	s for an evek	ange reck	ecification	or cancall	ation of iccu	nd charac	
provisions fo	or implemen	ting the ame	ndment if	not contain	ed in the a	mendment it	self:	
(if not ap	oplicable, ind	icate N/A)						
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The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
February 21,	2018	
Dated		
Signature		
	ctor, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
(	Carlos Hausmann	
_	(Typed or printed name of person signing)	
F	resident	
<del></del>	(Title of person signing)	<del></del>