P0600054649

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VLD IMPROVEMENT CORPORATION
DOCUMENT NUMBER: P06000054649
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLAUDIA VILLATION (Name of Contact Person)
(Name of Contact Person)
VLD IMPROVEMENT CORPURATION
(Firm/ Company)
7061 ARCHWOOD DIZ
(Address)
ORLANDO, FL 32819
(City/ State and Zip Code)
For further information concerning this matter, please call:
C LAUDIA at (407) 473-1034 & (407) 362-053 at (407) 362-053 at (407) 473-1034 & (407) 473-1
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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SECRETARY	Die	
SECRETARY	e. Om	3: 28

•	to	
	Articles of Incorporation	OG JUN 19 PH 3: 28
	of	Second PH 3: 20
VEL D. Trees		Dept. of State)
- VLD IM	provement cor	DOCH THOSSAE STATE
(Name of corporat	tion as currently filed with the Florida	Dept. of State)
_	•	
P060	00054649	
(Dom	ument number of corporation (if know	m\
(DOC)	men number of cosporation (if know	11,5
Pursuant to the provisions of sections	on 617.1006 Florida Statutes, th	nis Florida Not For Profit
Corporation adopts the following		
50-20-00-00-00-00-00-00-00-00-00-00-00-00		
NEW CORPORATE NAME (if	changing):	
must contain the word "corporation," "ir	corporated," or the abbreviation "corp	." or "inc." or words of like import in
anguage; "Company" or "Co." may <u>not</u>	be used in the name of a not for profit	corporation)
ARESINATENTE ANODITED (ration will be by a fact with a	CTD Indicate Auticia
AMENDMENTS ADOPTED- (Consumber(s) and/or Article Title(s)		
* * * * * * * * * * * * * * * * * * * *		
OSCAR LODE	2 V.D.	> ,
A)		please acco
Adam Aguayo:	Secretary	'
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Adoption of Amendment(s) (CHECK ONE) The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval. There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. Signature (By the chairman or vice chairman of the board, president or other officer- if directors
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Signature (By the chairman or vice chairman of the board, president or other officer- if directors
(By the chairman or vice chairman of the board, president or other officer- if directors
have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
VLadimire Lo PEZ (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35