P06000035405

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: VHVIDEO.COM, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAUREEN TAYLOR Name of Contact Person VHVIDEO.COM Firm/ Company 23110 STATE ROAD 54 UNIT 208 Address **LUTZ FL 33549** City/ State and Zip Code INFO@VHVIDEO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 766-5957

Area Code & Daytime Telephone Number MAUREEN TAYLOR Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VHVIDEO.COM, INC

(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P06000085405	ì
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the c	corporation:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	ered office address in Florida, enter the name of the doffice address:
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Religion I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sico	nature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Their 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 Charles Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	e, ana sau	y Smith, SV as an Ada.	
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>	<u>Addres</u> s
I) Change	Officer	DAVID L HOHENTHANER	23110 STATE ROAD 54
Add			# 208
X Remove			LUTZ FL 33549-6933
2) Change			
Add			
Remove			
3) Change			2019 AUG SEGIL .
Add			
Remove			26 PH
4) Change			P#12: 06 SEELF
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(At	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
F. <u>lf </u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
ĐΙ	covisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
•	
	-

•	DECEMBER 31, 2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
` ·	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ır
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
August 22	, 2019	
Dated		
/	WManda	
Signature	hirector, president of other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ited fiduciary by that fiduciary)	
	Maureen Taylor	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	