PD7000054461

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VARNA HOLDIN	GS, INC.	
	BER: P07000054461		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	IRA LIBANOFF		
		Name of Contact Person	1
	FERENCIK LIBANOFF BR	ANDT BUSTAMANTE &	GOLDSTEIN, P.A.
		Firm/ Company	
	150 SOUTH PINE ISLAND	• •	
		Address	
	PLANTATION, FL 33324		
		City/ State and Zip Cod	e
ILIB	ANOFF@FLBLAWYERS.CC	DM	
- 	<u> </u>	sed for future annual report	notification)
		·	
For further informatio	n concerning this matter, pleas	se call:	
IRA LIBANOFF		954	474-8080
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Mailing Address			Address
	endment Section ision of Corporations		Iment Section on of Corporations
	. Box 6327		Building
	ahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VARNA HOLDINGS	INC		

(Numa of C	ornaration as aureuntle	filed with the Florida Dept. of	State	
P07000054461	orporation as currently	med with the Florida Dept. of	<u>State</u>)	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	·		s the following ame	ndment(s) to
A. If amending name, enter the new name	of the corporation:			
N/A			The	new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	m "Corp," "Inc," or "C	lo". A professional corporation		
B. Enter new principal office address, if a		N/A		
terincipal office address <u>MOSI BE A STRI</u>	<u>EETADDRESS</u>)		2018	
C. Enter new mailing address, if applicab	ole:			_Ti
(Mailing address MAY BE A POST OFFICE BOX)		N/A	· · · · · · · · · · · · · · · · · · ·	— <u>;</u>
			هِي	\·
D. If amending the registered agent and/o new registered agent and/or the new re		ess in Florida, enter the name o	of the	
Name of New Registered Agent				
Hame of the strength of the strength				
	(Florida stre	et address)		
New Revistered Office Address:	A	, F)	orida	
	(1)	Cuy)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	d agent I am jamiliar w		the position.	
New Registered Office Address: New Registered Agent's Signature, if chan	A e <mark>ging Registered Agent:</mark> d agent. I am jamiliar w	Cuy)	(Zip Code)	

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>	<u>Name</u>	<u>Addres</u> s
I) Change	CFO	GABRIELE CASTELUCCI	8220 STATE ROAD 84, STE 300
Add X Remove			DAVIE FL 33324
2) Change	CFO	CARGNELUTFI, ANDREA	8220 STATE ROAD 84, STE 300
X Add			DAVIE, FL 33324
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		·
		H-1
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an excl	nange, reclassification, or cancellation	of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amend	ment itself:
ty nor appreciant, mancait many		
<u> </u>		
		

	1/29/2018	
The date of each amendme late this document was signe		, if other than the
Cec .: 1 . 'c . 1: 1)	1/29/2018	
Effective date <u>if applicable</u>	;	
	n this block does not meet the applicable statutory filing requirements, this date win the Department of State's records.	II not be listed as the
Adoption of Amendment(s	(<u>CHECK ONE</u>)	
The amendment(s) was/w by the shareholders was/	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of voi	tes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/w action was not required.	rere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/w action was not required.	vere adopted by the incorporators without shareholder action and shareholder	
JAN Dated	NUARY 29, 2018	
Signature		
	(By a director, president or other officer - if directors or officers have not been	
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	IRA LIBANOFF	
	(Typed or printed name of person signing)	····
	REGISTERED AGENT, PRESIDENT, VICE PRESIDENT, AND SECRET	ARY
	(Title of person signing)	