

P08000054509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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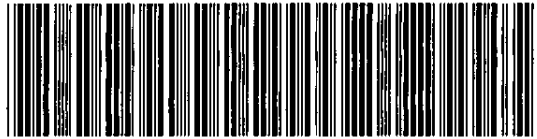
(Business Entity Name)

(Document Number)

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08/28/09--01032--006 **35.00

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09 AUG 28 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Noted
9/2/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VICTORIA CONSTRUCTION, INC

DOCUMENT NUMBER: 9 080000 54509

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELEN Linn OLIVEIRA
Name of Contact Person

Firm/ Company

642 MICHIGAN AVE #24
Address

MIAMI BEACH, FL 33439
City/ State and Zip Code

HELEN VICTORIA - 1 @ HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN OLIVEIRA at (561) 502-5304
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional 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
of

VICTORIA CONSTRUCTION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000054509

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

VICTORIA VALENTINA ENTERPRISES, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

825 BRICKELL BAY DR.

SUITE # 851

MIAMI, FL 33131

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

522 TIVOLI TRACE

CIRCLE, UNIT 112

DEERFIELD BEACH, FL

33441

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

HELEN LIMA OLIVEIRA

New Registered Office Address:

642 MICHIGAN AVENUE # 24

(Florida street address)

MIAMI BEACH, FL

(City)

, Florida 33139

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Helen Lima Oliveira

Signature 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>HELEN LIMA OLIVEIRA</u>	<u>642 MICHIGAN AVE</u> <u>#24</u> <u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> CORRECT NAME
<u>VP</u>	<u>MARIA SALOME OLIVEIRA</u>	<u>642 MICHIGAN AVE</u> <u>#24</u> <u>MIAMI BEACH, FL 33139</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>MARCOS SOUZA</u>	<u>642 MICHIGAN AVE</u> <u>#24</u> <u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> 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)

The date of each amendment(s) adoption: AUGUST 01, 2009
(date of adoption is required)
Effective date if applicable: AUGUST 01, 2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/01/09

Signature

Helen Limn Oliveira

(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)

HELEN LIMN OLIVEIRA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)