P10000051255

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE

C.COULLIETTE

SEP 1 3 2010

EXAMINER

COVER LETTER

TO: Amendment S Division of C			
NAME OF CORI	PORATION: VAYIG	oda Consultante,	Ivc.
DOCUMENT NU	mber: <u> </u>	0 51 255	
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
•	ANIA S	SATAP/A lame of Contact Person	
		Firm/ Company	
	1661 :	SE 23 ST. Address	
		Address	
	Home/le	ul, # 33035	
	aug sou	Tallas hotman, d for future annual report notification)	Carn
For further informa	ition concerning this matter,	please call:	
An E	antaello	at (786_) 66319	
Name	of Contact Person	Area Code & Daytime Te	lephone Number
	for the following amount m	ade payable to the Florida Depar	tment 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 Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

Articles of Amendment to Articles of Incorporation

NAVIGIODA CONSULTAN	Ts, Iuc.				
(Name of Corporation as currently filed with t	he Florida Dept. of State)				
P10000051255					
(Document Number of Corporation	on (if known)				
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporation	<u>ı:</u>				
	The new				
name must be distinguishable and contain the word "corpe abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation				
B. Enter new principal office address, if applicable:	15888 SW 95 AH				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	suite # 120				
	Muain, 71. 33155				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15888 SW 95 AVC				
	SUTTE # 120 MUDUM, FL 33155				
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add					
Name of New Registered Agent:	SECRE VISION				
New Registered Office Address: (Florid	da street gadress) OF CONTROL				
(City)	, Florida Cip Code)				
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil	<u>gent:</u>				
Signature of New I	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>	Type of Action
				Add Remove
				☐ Add ☐ Remove
E. If amen	nding or adding ac additional sheets, i	dditional Articles, f necessary). (Be	enter change(s) here: specific)	
,				
	·			
<u>provis</u>		iting the amendme	e, reclassification, or canceller to the am	
	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) ac	option: 9/1/2010
Effective date if applicable:	(date of adoption is required)
(no	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	r the amendment(s) was/were sufficient for approval
by	g group)
(voti	g group)
The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
Dated	whe 1,3010
Signature	Clause AMN
	ctor, president or other officer – if directors or officers have not been
selected,	y an incorporator - if in the hands of a receiver, trustee, or other court
appointed	fiduciary by that fiduciary)
	AND Ceales Swhelk
	(Typed or printed name of person signing)
·	Resident
	(Title of person signing)