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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VAS BRICK & ST	ONE INC				
DOCUMENT NUME						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:	Ø			
	LUCIMAR V MUSCH		•			
		Name of Contact Person	1			
	LM ACCOUNTING & PAYROLL SERVICES LLC					
•		Firm/ Company				
*	4221 BAYMEADOWS RD,	SUITE 14				
	Address JACKSONVILLE, FL 32217					
		City/ State and Zip Code				
	LMPAYROLL13@GMAIL.0	COM				
	E-mail address; (to be us	sed for future annual report	notification)			
	n concerning this matter, pleas		CND CC24			
LUCIMAR V. MUSCH		at (
Name (of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check fo	r 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED 2022 JUL 25 AM 9: 34

VAS BRICK & STONE INC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as current	ly filed with the #lumina (Dept of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", , "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	iCiķi (zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
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)

Example:

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.

X Change	PT	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change			KARLLA S. FERNANDES	12255 OLD SAINT AUGUSTINE
XAdd				JACKSONVILLE, FL 32258
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change	•	_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	dding additional A sheets, if necessary). (Be specific)			
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f an amendment	onrovides for an ex	vehanoe reelassifie	ation, or cancellatio	on of issued chares	
	nplementing the ar	mendment if not co	ntained in the amer	idment itself:	t
<u>provisions for in</u>	rable, indicate N/A)				
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	07/21/2022	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
□ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amen fficient for approval.	dinent(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment!	statement s):
	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
07/21/2022 Dated		
Signature	D	
(By a di selected	ector, president or other officer – if directors or officers have no , by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	VANILDO A DOS SANTOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·