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COVER LETTER

Division of Corporation	ns		
NAME OF CORPORATION	on: <u>Rejuva</u>	eL Intil,	Inc
DOCUMENT NUMBER:	P110000	271356	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this mat	tter to the following:	
	Reju 3259 Pomp	Address AND Beach City/ State and Zip Code	MECA IE IFL 33069 ICOM notification)
ŀ	i-mail address: (to be us	ed for future annual report	notification)
For further information conc			2.55.05.44
Name of Con	tact Person	at (<u>199</u> Area Coo	3 55 - 8 7 1 4 de & Daytime Telephone Number
Enclosed is a check for the fo			
\$35 Filing Fee	3\$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

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of

VI	
Rejuvel Int'L,	INCI
(Name of Corporation as currently	filed with the Florida Dept. of State)
P11000071356	/
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "f	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	325 SW 15+h Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pompano Beach, FL
	33069
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	325 SW 15th Ave Pompano Beach, FL 33069
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address:	ss in Fiorida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address: 325 Sw 15th	St Pompa no Beach Florida 33069 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	in and accept the obligations of the position.
Signature of New Rev	eistered 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)

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.

Mike Jones, V as Ke.	move, and Sally Sn	nith, SV as an Add.	
Example: <u>X</u> Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO/D	Joseph Pavlik	15800 PINES Bluf
Add	•		Suife 3116
X Remove			Pembrike Pines, FL 33027
2)Change	<u> </u>	Charles J Scimeca	325 SW ISH Ave
Add			Pompanu Beach, A
Remove			33 069
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Art ets, if necessary).	(Be specific)				
NA						
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an amendment pro	vides for an exch	ange, reclassific	ation, or cancel	llation of issued	l shares	
<u>rovisions for imple</u>	<u>menting the amer</u>	ndment if not co	ntained in the a	mendment itse	lf:	
(if not applicable	. indicate N/A)					
NA						
			 .			
		 -				
· · · · · · · · · · · · · · · · · · ·						
		 				

The date of each amendment(s) adop date this document was signed.	tion: July 24 2019	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment j	file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for ient for approval.	the amendment(s)
The amendment(s) was/were approvinust be separately provided for each	red by the shareholders through voting groups. The jeth voting group entitled to vote separately on the am	following statement pendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	,
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action an	d shareholder
	1 24,2019	
(By a direct selected, by	tor, president or other officer – if directors or officer y an incorporator – if in the hands of a receiver, trust fiduciary by that fiduciary)	rs have not been tee, or other court
	Charles J Scimeca (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	