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12 SEP 14 PH 2: 41

Amend

SEP 1 8 2012 T. BROWN

## **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: VRV	Inited INC
DOCUMENT NUMBER: PIL 0000	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this man	tter to the following:
	Stawart
V & B A	Stauget Name of Contact Person  CCOUNTING SERVICES
8031	EBERSOL RD
	Address  NVILLE TO 32216  City/ State and Zip Code
	City/ State and Zip Code
VANDE	BACCO GMAIL Com sed for future annual report notification)
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
Billey Stewart Name of Contact Person	at ( 904 ) 509-1855 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
S35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)    S52.50 Filing Fee & Certificate of Status
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

12 SEP 14 PH 2:41

## Articles of Amendment to Articles of Incorporation

	of		*/	
VRV UNITED	INC			
(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State)		
<u> </u>	90			
(Document Nun	nber of Corporation (if)	known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corp ratio	n adopts the following	amendment(s) to
A. If amending name, enter the new name of	f the corporation;			
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional cor	orporated" or the ab-	The new breviation ontain the
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	i <u>CE BOX</u> )			
D. If amending the registered agent and/or registered agent and/or the new registered Agent  Name of New Registered Agent	registered office address:	ss in Florida, enter the	name of the	
	(Florida stree		<u> </u>	
	(Florida stree			
New Registered Office Address:	(City)	, Flor	(Zip Code)	
New Registered Agent's Signature, if changi hereby accept the appointment as registered a	ng Registered Agent: agent. I am familiar wi	th and accept the obliga	tions of the position.	
Signatur	re of New Registered Ag	ent, if changing	<del></del>	

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.

X Change	PT John	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Salty	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	YP_	ROHIT P. POTEL	2044 E. CLOVELLY LN
Add			ST AUGUSTING FL 32092
Remove			
2) Change Add	VP_	PARTH D. PATEL	4101 EAGLE LANDING PRWY DRANGE PARK FL 32065
Remove			
3 ) Change			,
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
······································	
f an amandmant provides for an avale	sange weekswiftention or earnellation of irrued shape
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued she
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued she indment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shendment if not contained in the amendment itself:

The date of each amendment(s) adoption:	SEPTEMBER 1, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes east for the an	nendment(s) was/were sufficient for approval
by	yoting group)
(	toling group)
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder
Dated 9/7/12	2
Dated 9/7/12 Signature 14/10	- Jak
(By a director, pi selected, by an ii	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
	PARTA D. Pater
	(Typed or printed name of person signing)
	VP.
	(Title of person signing)