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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
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CALCETARY OF STATE
COLOR OF CORPORATION
COLOR OF CORPORATION

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MAY 0 5 2020 D CUSHING

COVER LETTER

TO: Amendment Secti Division of Corpo					
NAME OF CORPOR	ATION: V	<u> ک</u>	Insuran	ϵ \Box ,	1 ¢
DOCUMENT NUMB	ER: _ /// 60	00097	384		
The enclosed Articles of	of Amendment and f	ee are submitted	for filing.		
Please return all corres	pondence concerning	g this matter to t	he following:		
	Sher	on V	Sm. 7	4	
	Vs	In s	Eirm/ Company Address	Inc	
	1	1 65	Firm/ Company	٠. ٠	le 206
-	1000		Address	<u> </u>	
	Lehigh	Acres	Z	- •	33934
•		City.	State and Zip Cod	ė.	
			cast · we T		·
For further information	concerning this mal	ter, please call:			
Sheron	of Contact Person	nith	at (23 9	, 368	-0378
Name o	f Contact Person		Area Co	de & Daytime	Telephone Number

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

☐ \$35 Filing Fee Certificate of Status

Status

Certificate of Status

Certificate of Status

Certificate of Status

Certificate of Status

(Additional copy is enclosed)

Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 AND CONTORALION

Articles of Amendment Articles of Incorporation

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

n adopts the following amendment(s
The _ new ed" or the abbreviation "Corp.," in name must contain the word
·
name of the
••
ن ن ئــــ, Florida
(Zip Code)

Check if applicable

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

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 = ChiefExecutive 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.

\underline{X} Change	<u>PT</u>	John Doc	
X Remove	$\overline{\Sigma}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	1	Sheron V Smith	Lehigh Acres FC 3397
X Add	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Lehigh Acres FL 3397
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additie</i>	onal sheets, if ne	cessary). (i	Be specific)				
							
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•							,-
_	· · · ·						
							:
							<u></u> .
an amendi	ment provides fo	or an <u>exchan</u>	ge, reclassifica	ition, or canc	ellation of issued	l shares,	
<u>provisions f</u>	or implementin	g the amend	ment if not cor	itained in the	amendment its	<u>:1f:</u>	
(ij not a _l	pplicable, indica	RC (8721.)					
							_ -
fot ch	<u> </u>						
The	Num be	· of	Shares	the	corpor	-tion	is auto
/354	4 E	100	0		·		
	owned		such:				
Alens	tino A	Sm;th	51	%			
Sheron	, VS	mith	49	%			

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd shareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director, producti or other officer - fl 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) Valentine A Smith	
(Typed or printed name of person signing)	
President	
(Title of person signing)	