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SECRETARY OF STATE

FILED

C. LEWIS

NOV 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: VIVACIOUS INC.
DOCUMENT NUMBER: P13 DUDOY 630
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nouhalie Alvarado
VIVALIOUS INC.
719 Junny Pine way C3
grenaeres fl 33415.
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man audress. (to be used for future aimual report isotitication)
For further information concerning this matter, please call:
Stephanie Cardenas. at Slet, 452 8006.
Name of Contact Person 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 Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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13 NOV -5 PM 1:21

Articles of Amendment to Articles of Incorporation		SECRETAR FAULABAS	RY OF STATE SEE, FLORIDA
(Name of Corporation as currently filed with a P1300)		g) 스	
(Document Number of Corporati	ion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this <i>Florida Profit Corpe</i>	pration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation	n:		
name must be distinguishable and contain the word "corpo "Corp." "Inc.," or Co.," or the designation "Corp." "Inc." word "chartered," "professional association," or the abbreviat	or "Co" - A professiona	"incorporated" or the audicarporation name must o	_The new bbreviation contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	NA		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MA.		
D. If amending the registered agent and/or registered office new registered office ad-	address in Florida, ente dress:	r the name of the	-
(Flori	da street address;		
New Registered Office Address:		, Florida	_
	(Cıry)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A large the appointment as registered agent. I am fum	sgent: iliar with and accept the c	obligations of the position.	
Signature of New Registe	ered Agent if changing		

Address of each Off (Attach additional sh Please note the office P = President; V= V Executive Officer; C held. President, Trea Changes should be n a change, Mike Jone	icer and/or Director seets, if necessary) er/director title by the /ice President; T= Tri FO = Chief Financia surer, Director would steed in the following i	being added: first letter of the office title easurer; S= Secretary, D= D l Officer If an officer/directe be PTD. manner. Currently John Doe on, Sally Smith is named the N	irector: TR= Trustee; or holds more than on is listed as the PST an	Or being removed and title, name, and C :- Chairman or Clerk; CEO : Chief the title, list the first letter of each office d Mike Jones is listed as the V. There is be noted as John Doe, PT as a Change.
X Change	<u>PT</u> <u>John D</u>	<u>oe</u>		
X Remove	Y Mike J	ones		
X Add	<u>SV</u> <u>Sally S</u>	mith		
Type of Action (Check One)	Title	Name	Add	ress ~
1) Change	M	Stephanie	Mirarado	7/9 sunny pine way Cogreenaires FL
Add Remove				3345
2) Change	M	Jennifer Ru	diguez 5	592 prisulla lane, ake with, f1, 33463.
Remove 3) Change			_ _	
Add				
4) Change				
Add Remove				
5) Change				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending o</u> (Attach <i>additio</i>	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (He specific)
	, and the second
	AllA
	NIA
	
	
	
	
lf an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares.
provisions fo	r implementing the amendment if not contained in the amendment itself; plicable, indicate N/A)
()	110-
	- N/13
	
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APPROVED AND	
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The date of each amendment(s) adoption:	SECRETARY OF STATE TALLARY OSEFLAT ROTAL
date this document was signed.	, it other-than the
Effective date if applicable: NH	
(no more than 90 days after amendment file o	date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The folio must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
he amendment(s) was/were adopted by the board of directors without shareholder action as action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	parcholder
Dated10/15/13	
Signature Stall	
(By a director, president or other officer - if directors or officers ha	
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other coun
Stephanie Alva	rado
(Typed or printed name of person signing	g)
M .	
(Title of person signing)	

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