P130000 49058

(Request	or's Name)	
(Address)	
(Address)	
(City/Sta	te/Zip/Phone #)	<u> </u>
PICK-UP] WAIT	MAIL
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T. BROWN

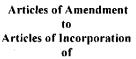
COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR.	ATION: VIA PY INC			
DOCUMENT NUMB	ER: P1300004905	8		
	f Amendment and fee are su	•		
Please return all corresp	ondence concerning this ma	tter to the following:		
		MARCO LOBO)	
_		Name of Contact Person	1	
		VIA PY INC		
-	Firm/ Company			
	1985 NE 147TH TER			
-		Address	, ,	
	NOF	RTH MIAMI, FL	33181	
-	7.	City/ State and Zip Cod	e	
For further information	E-mail address: (to be us	sed for future annual report	notification)	
CARLOS GONZALEZ		at (954	de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		<u>Street</u>	Address	
	ndment Section	Amendment Section		
	Division of Corporations Division of Corporations Division of Corporations Cliniar Deliving			
P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Cir				

Tallahassee, FL 32301





VIA PY INC	<i>" 3</i> .
(Name of Corporation as currently filed with the	Florida Dept. of State)
P13000049058	
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
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 word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. <u>If amending the registered agent and/or registered office add</u>	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida si	treet address)
New Registered Office Address: (City	v) (Zip Code)
(Cit)	(ap Code)
New Registered Agent's Signature, if changing Registered Agen	
t hereby accept the appointment as registered agent. I am familiar	

Signature of New 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)

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.

Example: X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X_ Add		Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change	VP	ALEXANDER ALVES PAULINO	1985 NE 147TH TER			
X			NORTH MIAMI, FL 33181			
Remove						
2) Change						
			· · · · · · · · · · · · · · · · · · ·			
Remove			Problem of the control of the contro			
3) Change		-				
Add						
Remove			·			
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

. If amending or add (Attach additional sh	<u>mg auunnunan Art</u> neets. if necessary)	(Be specific)	sj nere.		
	eers, y necessary).	(ise specific)			
N/A					
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	•				
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If an amandment n	manidaa faman awal			. 6	
oravisions for imp	lementing the ame	endment if not cont	on, or cancellation	or issued snares, ment itself:	
(if not applicab	ble, indicate N/A)				
<u></u>					
I/A					
					
		- -			
					
			· · ·		
					

The date of each amendment	08/05/2013	, if other than the
date this document was signed Effective date if applicable:		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_08	/05/2013	
Signature _	aux.	
Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	MARCO A LOBO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_