## P13000055423

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(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phon	ne #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER: _	N: VSN TECH P1300005542	INOLOGIES, IN	C
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
JUL	IO ABDALA		
		Name of Contact Person	1
VSN	TECHNOLO	GIES, INC.	
<del></del>		Firm/ Company	
5079	9 SW 178 AV	E.	
		Address	
SW	RANCHES, F	FL 33331	
		City/ State and Zip Cod	e
fja108@	gmail.com		
		sed for future annual report	notification)
For further information concer	rning this matter, pleas	se call:	
JULIO ABDALA		at (954	, 605-1884
Name of Conta	et Person		de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:
_	\$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 Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



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

ent(s) to

P13000055423	ر وز آم	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following ame	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	5079 SW 178 AVE.	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SW RANCHES, FL	
	33331	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5079 SW 178 AVE.	
	SW RANCHES, FL	
	33331	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
· (Ch	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		
Signature of New Registered	d 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 <math>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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>xe Jones</u>	
_ <u>X</u> Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PRES.	JULIO ABDALA	5079 SW 178 AVE.
X Add			SW RANCHES, FL 33331
Remove			
2) Change	SEC.	JULIE SEDLITZ	7450 NW 4TH ST. #106
X Add			PLANTATION, FL 33317
Remove			
3) Change		<del></del>	
Add			
Remove	·		
4) Change			
Add			
Remove		•	
5) Change		<u></u>	
Add			
Remove			
. 6) Change			
Add			
Remove			<del></del>

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	•
	·
	•
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	
	•
	•
	•
	•
	•

The date of each amendment(s) adoption: JULY 9, 2013 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated July 9 2013	
That the same	
Signature of a Off Dir. or authorized representative	
Philip Soh Sai Kiaza	
Typed or printed name of signee	<del></del>
Incorporator	
(Title of person signing)	