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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	V.I.C. Servic	e, Inc.		
DOCUMENT NUMBER: P13	3000067211			
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.		
Please return all correspondence co	oncerning this ma	tter to the following:		
		Ramón Ojeda		
		Name of Contact Person	1	
-		Firm/ Company		
	10		D4	
	10	108 Hartford Maroon		
		Orlando, FL 3282	7	
		City/ State and Zip Cod		
		info@gb-supply.co	m	
E-mail	address: (to be us	sed for future annual report	notification)	
For further information concerning	this matter, plea	se call:		
Juan P. Rosales	Moran	at (786	, 403-7014	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made	payable to the Florida Dep	artment of State:	
**	75 Filing Fee & Teate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corp		Divisio	on of Corporations	
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

V.I.C. Service, Inc.

(Name of Corporation as	currently filed with the Fl	orida Dept. of State)	
P	13000067211		
(Document N	umber of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Cor</i>	poration adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or ' "chartered," "professional association," or the abbreviation	"Co". A professional cor		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(2</u>		.0.7
			- 8
			(
C. Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)	·		
		·····-	
			25
D. If amending the registered agent and/or registered of		ter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent			<u></u>
	lorida street address)		
New Registered Office Address:		, Florida	
	(City)	(Z.	ip Code)
New Registered Agent's Signature, if changing Registere	d Acoust		
I hereby accept the appointment as registered agent. I am fo	a Agent: familiar with and accept the	obligations of the position	n.
Signatura	 of New Registered Agent, if	chanaina	
Signature	у нев педыиней ядет, ц	Cittinging	

Check if applicable

☐ 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)

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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Juan P. Rosales Moran	10108 Hartford Maroon Rd
X Add			Orlando, FL 32827
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets,	idditional Articles, ei if necessary). (Be s	pecific)			
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an amendment provider provider provisions for implementations for implementations.	nting the amendmen	reciassification, or	in the amendment	itealf:	
(if not applicable, in	idicate N/A)	it if not contained	in the amendment	itacii.	
••					
<u>.</u>			 -		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable:	- d 00 d
(no moi	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's r	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK O	<u>(E)</u>
☐ The amendment(s) was/were adopted by the incorporation was not required.	tors, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes east for the amendment(s	was/were sufficient for approval
by	
(voting group	<i>)</i>
Dated 07 24 202	20
	ther officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court iduciary)
Ramo	n Ojeda
(Typed or	printed name of person signing)
	sident
(Title of p	erson signing)