Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000181320 3)))



H150001813203ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE IN

Account Number : 12000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email	Address:	 		 
				.17

## COR AMND/RESTATE/CORRECT OR O/D RESIGN VIRHALL COMPANY S.A.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Ŷ

.,

FILED

Articles of Amendment to Articles of Incorporation of 調与 JUL 27 PM 12:01

SELLARIA DE STATE AL LARIASSEE, FLORIDA

VIRHALL COMPANY \$.A. (Name of Corporation as currently filed with the Florida Deon of State) P15000021139 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 1000 PONCE DE LEON LEON BLVD STE 105 (Florida street address) CORAL GABLES New Registered Office Address (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Example:

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	PT Joh	n Doc	
X Remove	<u>v</u> <u>Mil</u>	ce Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	\$	MARIA JO BAROT	1000 PONCE DE LEON BLVD
XX Add			STE: 105
Remove			CORAL GABLES, FL 33134
2) Change	VP	JOSE BAROT	1000 PONCE DE LEON BLVD
XX Add	<del></del>		STE: 105
Remove			CORAL GABLES, FL 33134
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
6)Change			
Add			
Remove			

2. If amending or adding additional Artice (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
ADD THE EIN NUMBER: 47-3363697	
F. If an amendment provides for an exciprovisions for implementing the ame (if not applicable, indicate N/A)	hauge, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

			•	•						
J	UL	/2	7/	'20.	15/	MON	11	;	53	AM.

	JULY 24, 2015	
The date of each amendment(s) addate this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	»	
-	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated		
Signature		
	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	JOSE BAROT	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	