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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		TION SERVICES INC			
DOCUMENT NUM	P15000042300 BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	ntter to the following:			
	AKIRA GOMEZ PENA				
		Name of Contact Person	1		
	160 TRINITY RIDGE CIRC	Firm/ Company			
	Address DAVENPORT, FL 33897				
	ZEB1857@YAHOO.COM	City/ State and Zip Cod	e		
	·	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
AKIRA GOMEZ PENA		321-276-1103		:3	:- : <u>:</u> :
Name of Contact Person		Area Code & Daytime Telephone Number		_ - = = = = = = = = = = = = = = = = = = =	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	<u>-</u>	- 독표 : - 6원:
□ \$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)	50 th Hd	ORPORATIONS
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VM CONSTRUCTION SERVICES INC.

(Name of Corporation as currently fi	led with the Florida Dept. of State)	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	ipany," or "incorporated" or the abb rofessional corporation name must	reviation "Corp.,"
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)	1/1	20 JUN
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	GOHPORATIO
Name of New Registered Agent	<u> </u>	X
(Florida street New Registered Office Address:(C.	address), Florida iny)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		

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.

Example: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	VP	KIARA GOMEZ	160 TRINITY RIDGE CIRCLE DAVENPORT, FL 33897
Add			
Remove 2) Change	SV	RAUL GOMEZ JR.	2812 CALIFORNIA BLVD
X Add			KISSIMMEE, FL 34741
Remove Change			
Add			-
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

icii aaanonal	sheets, if necessary). (Be specific)
<u>-</u>	
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n amendment	provides for an exchange, reclassification, or cancellation of issued shares,
ovisions for in	plementing the amendment if not contained in the amendment itself:
(if not applic	able, indicate N/A)
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The date of each amendment(s) adoption:, if other than the date this document was signed.
$\frac{10}{10}$
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
06/16/20
Dated
11/4
Signature
(By a director, president or other officer of directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary) AKIRA GOMEZ PENA
Athilu Gomez Peng
(Typed or printed name of person signing)
President
(Title of person signing)