P15000086047

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2016 MAY 26 PM 9: 17

MAY 31 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	VENUS TRANS	FER INC	
DOCUMENT NUMBER:	P15000086047		
The enclosed Articles of Amenda	ment and fee are subr	nitted for filing.	
Please return all correspondence	concerning this matte	r to the following:	
		ALBA E VIVAR	
		Name of Contact Person	
	MIAMI D	DISPATCH & ARRIER SI	ERVICES
<u> </u>		Firm/ Company	
8		040 NW 95TH ST STE 10	06
		Address	** <u></u>
ни		LEAH GARDENS, FL 33	3016
	City/ State and Zip Code		
F-ma	il address: (to be used	I for future annual report r	notification)
			,
For further information concerning	ng this matter, please	call:	
ALBA E VIVAR		at (822-0255
Name of Contact	Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made pa	yable to the Florida Depai	rtment of State:
	3.75 Filing Fee & tificate 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 Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Amendi Division Clifton	Address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STAIR DIVISION OF CORPORATIONS

2016 MAY 26 PM 9: 17

VENUS TRANSFER, INC

	P1500008604	tly filed with the Florida Dept. of State) 47	
, Ti	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006 ts Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new name of	of the corporation:		
name must be distinguishable and contain ("Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		3650 21 ST AVE SW	
Principal office address MUST BE A STREE		NAPLES, FL 34114	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3650 21 ST AVE SW	
		NAPLES, FL 34114	
D. If amending the registered agent and/or new registered agent and/or the new reg			
new registered agent and/or the new reg			
new registered agent and/or the new reg Name of New Registered Agent VEN	istered office addres		
new registered agent and/or the new reg Name of New Registered Agent VEN	istered office addres NUS VALDES 0 21 ST AVE SW		
Name of New Registered Agent 365	istered office addres NUS VALDES 0 21 ST AVE SW	<u>S:</u>	

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: XChange	<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>	Name	<u>Addres</u> s
1) Change	SC	ELSA VALDES MEDEROS	3650 21 ST AVE SW
X Add			NAPLES, FL 34114
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		·	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Αı	Attach additional sheets, if necessary). (Be spec	rific)		
			700 TO 00 10 10 10 10 10 10 10 10 10 10 10 10	
		1	· · · · · · · · · · · · · · · · · · ·	
			V TO A STATE OF THE STATE OF TH	
		** 1800-24	Pt	
f D	f an amendment provides for an exchange, rec provisions for implementing the amendment if (if not applicable, indicate N/A)	assification, or cancel not contained in the a	lation of issued shares, mendment itself:	
		· · · · · · · · · · · · · · · · · · ·		

	05/25/2016	20 040
The date of each amendment(s) adoption	on:	f Rother than the
date this document was signed.		DIVISION OF CORFORATION
05/25/201 Effective date <u>if applicable</u> :	6	
Effective date in applicable.	(no more than 90 days after amendment file date)	2016 HAY 26 PM 9: 17
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, thent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendant for approval.	nent(s)
	by the shareholders through voting groups. The following st voting group entitled to vote separately on the amendment(s)	
	e amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
_	by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehold	er
05/25/2016 Dated		
Signature	Jaire	
	r, president or other officer – if directors or officers have not	
	an incorporator – if in the hands of a receiver, trustee, or other luciary by that fiduciary)	court
	VENUS VALDES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	