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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ... DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE Ly Jamboo

Name of Contact Person VLRED INC 8325 ne 2 nd Ave. MAKERINE & BURGE #119 HICM: FL 83138 City/ State and Zip Code JOSE @ VIrrd. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 613 641 0 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee

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enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

VLRED INC

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

DIG 000000000

	t Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Seits Articles of Incorporation:	tatutes, this <i>Florida Profit Corporat</i>	ion adopts the following as	mendment(s
A. If amending name, enter the new name of the corp	oration:		
		T	he new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co". A professional co	corporated" or the abbr prporation name must con	eviation itain the
B. Enter new principal office address, if applicable:		: , !	2918
(Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)		
	······································	1,	<u> </u>
			- ("
		. " r";	1 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		70	72:
(Matting data ess MAT BE A FOST OF FICE BOX)	 		3
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		e name of the	
new registered agent and/or the new registered on	ice additess.		
Name of New Registered Agent			
	(rt) 1		
	(Florida street address)		
New Registered Office Address:	(21.)	, Florida	
	(City)	(Zip Cod	(e)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: um familiar with and accept the oblig	ations of the position.	
Signatu	re of New Registered Agent if chan	oino	

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: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VP	Danny Valerdi	240 SOMBRERO
Add			BEACH ROLD, APT 141-A
Remove			MARZATHON FL 33143
2) Change			·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Ar al sheets, if necessary)				
W2-27-1		, ,			
			<u> </u>		
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provisions for	ent provides for an exc implementing the am plicable, indicate N/A)	change, reclassificendment if not co	cation, or cancells ontained in the an	ation of issued shar nendment itself:	<u>es.</u>
		.			

The date of each amendment(s) adoption:	04106116	, if other than the
date this document was signed.	0.010.11	
Effective date <u>if applicable</u> :	04/06/16	
	no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not document's effective date on the Department of St		nts, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the shappy by the shareholders was/were sufficient for app		nendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr		
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by		
by(voting	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	pard of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the in- action was not required.	•	reholder
DatedSignature	16	
(By a director) preside	ent of other officer – if directors or officers hav	
selected, by ad incorp appointed fiduciary b	porator – if in the hands of a receiver, trustee, o	r other court
appointed fiductary o	y that fiducially)	
	108e Wambio	
(T	yped or printed name of person signing)	
	President.	
**** *********************************	(Title of person signing)	