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COVER LETTER

TO: Amendment Section **Division of Corporations**

VS Realty, Inc. NAME OF CORPORATION:		
DOCUMENT NUMBER: P16000021882		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Victoria Smith		
	Name of Contact Person	1
Victoria Smith Properties		
	Firm/ Company	
6619 S Dixie Hwy, #156		
	Address	
Miami Fl 33143		
	City/ State and Zip Code	e
victoria@victoriasmithproperties	.com	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
Victoria Smith	305 at (606.6105
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

to

VS Realty, Inc.	16 AUG 15 PM 3: 30
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P16000021882	SELECTARIA CARAS TALBARADA ANTRA SERVICI
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor-	poration:
Victoria Smith Properties , Inc.	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	D
D. <u>If amending the registered agent and/or registere</u> new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent, if changing

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after o	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated8/12/16	
Signature(By a director, president of other officer – if direct	ors or officers have not been
selected, by an incorporator - if in the hands of a r	
appointed fiduciary by that fiduciary)	
Victoria Smith	
(Typed or printed name of person	on signing)
President	
(Title of person sign	ning)