P17000071789

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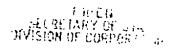
2010 AUG 13 AM 11: 58

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ME OF CORPORATION: VISIONS ELEVATOR, INC.			
DOCUMENT NUMBER:	D1700071790			
The enclosed Articles of Amendmen	at and fee are submitted for filing.			
Please return all correspondence con	cerning this matter to the following:			
	WILLIAM LAFAUCI			
	Name of Contact Person VISIONS ELEVATOR INC			
	Firm/ Company			
	3146 JOHN P CURCI DRIVE BAY #3			
	Address			
	PEMBROKE PARK, FL 33009			
	City/ State and Zip Code			
	visionselevator@gmail.com			
E-mail ac	ddress: (to be used for future annual report notification)			
For further information concerning the	his matter, please call:			
WILLIAM LAFAUCI	at (954) 260.8075 Son Area Code & Daytime Telephone Number			
Name of Contact Per	son Area Code & Daytime Telephone Number			
Enclosed is a cheek for the following	g amount made payable to the Florida Department of State:			
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



2818 AUG 13 AM 11: 69.

VISIONS ELEVATOR, INC.

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

nt(s) to

P170000717	⁷ 89
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 add	N/A lress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent N/A	· · ·
(Florida st	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
M. CV6	Java

Signature of New Registered Agent, if changing

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change Add	P, CE	EO WILLIAM LAFAUCI	9803 SW 59 STREET COOPER CITY, FL 33328
Remove 2)	V	SOFIA LAFAUCI	9803 SW 59 STREET COOPER CITY, FL 33328
Add Remove 3) Change Add			
4) Remove 4) Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach addition	or adding additional i onal sheets, if necessar	y). (Be specific)			
N/A					
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f an amendr	nent provides for an e	exchange, reclassif	ication, or cancell:	ation of issued sha	res,
provisions f	or implementing the a	imendment if not o	contained in the ar	nendment itself:	
	pplicable, indicate N/A	,			
N/A					,
		-			
					

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable:	adment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes east for the amendment(s) was/were sufficient for ap	proval
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	ction and shareholder
Dated	
Signature (By a director, president or other officer – if directors of	
(By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	or officers have not been ver, trustee, or other court
WILLIAM LAFAUCI	
(Typed or printed name of person si	gning)
PRESIDENT	
(Title of person signing))