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### **COVER LETTER**

Division of Corpora	mons				
NAME OF CORPORATION: VIE ON GROUP INC  DOCUMENT NUMBER: P170000 75 256					
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspo	ondence concerning this mat	ter to the following:			
_	Ellé C	Name of Contact Person			
		Firm/ Company			
_	999 NE	12.5 S+			
_		. (66, 635			
	North M	IAMI FL	33161		
		City/ State and Zip Code			
VIEON CROVIDING @ GMAIL COM E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, pleas	se call:			
Rita FA	kon Law Gi	rant at 305	517 - 3758 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & 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 & 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)		
Mailir	10 Address	Street	Address		

TO: Amendment Section

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

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

## Articles of Amendment Articles of Incorporation of

	COUP INC
	ly filed with the Florida Dept. of State)
P170000 7	f Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporatio" "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)	EllE GEORGE 999 NE 125 St
	North Miani FL 33161
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	SECOND TO SECOND
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	FUR OF ST
999 NE (Florida st	17.5 5+ TE 2
New Registered Office Address: North	MIAMI Florida 33161 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	1•
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	The state of the s
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: <u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P PAMELA CTREEN	
Add		miani FL 33138
Remove		
2) Change	P EllE GEORGE	999 NE 125 St
X— Add .		North MIAMI FL 33/61
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		<del></del>
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ramenume or a	dding additional Art	cies, enter change(s	<u>) nere</u> :		
Attach <i>additiona</i>	sheets, if necessary).	(Be specific)			
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				of issued champs	
l an amendmer provisions for	t provides for an exc mplementing the am	nange, reciassificati	on, or cancenation ained in the amend	ment itself	
(if not appi	icable, indicate N/A)				
(5	,				
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The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Ol	107/2019 	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	E//E C7FORC7F  (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	