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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<u>e)</u>
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: V6 Re	EPRESENTACIONES INC		
DOCUMENT NUMBER: P 170000			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Katherine	Samo of Contact Parson		
	Name of Contact Person		
	Firm/ Company		
8031 Lak	Address Address		
	Address		
_Doral, Fl	33166		
	City/ State and Zip Code		
aaby 533 Pho	tmail.com		
Doral, Fl 33166 City/ State and Zip Code 2aby 533 @ frof mail. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, p			
Katherine G. Calicia	at (786) 675 - 7889 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:		
\$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	Ψ		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	Site of the Cite		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

VG REPRESENTACIONES	INC
	ently filed with the Florida Dept. of State)
P 170000 B4806	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, tas Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	: The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o word "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid New Registered Office Address:	a street address) Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the position.
	2017
Signature of Ne	w 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	PT <u>John</u>	Doe	
X Remove	V Miķe	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change	<u>s</u>	Vicente Galicia	Doral Fl 33166
Add			Doral Fl 33/66
X Remove			
2) Change			
Add			
Remove			••
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			
Add			
Remove			

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	or an exchange, reclassification the amendment if not contain	on, or cancellation of issued in the amondment itself	<u>shares,</u>
mendment provides fo	te N/A)	ance in the amenoment usen	<u>•</u>
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mendment provides for sions for implementing from applicable, indication in the second			

The flate of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: // 20/30/7 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 11/90/3017
Signature Haliferine
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Katherine G. Galicia
(Typed or printed name of person signing)
Vicepresident (Title of person signing)
(Title of person signing)