P17000085670

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2021 KOV - 1 - PK 3: 23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: VIVALI CORPO	DRATION	
DOCUMENT NUM	IBER: P17000085670		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return ail corr	espondence concerning this ma	tter to the following:	
	Kenia Barboza		
		Name of Contact Person	n
	Premium Tax Services		
× Firm/ Company			
	6303 Blue Lagoon Dr Suite 3	20	
		Address	
	Miami FL 33126		
		City/ State and Zip Cod	
	kbarboza@premiumtaxservio	es.com	
		sed for future annual report	notification)
	•		
For further informati	on concerning this matter, pleas	se call:	
Kenia Barboza		at (406-3858
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
Amendment Section		Amendment Section	
	vision of Corporations	Division of Corporations	
P.O. Box 6327			entre of Tallahassee
l a	liahassee, FL 32314		N. Monroe Street, Suite 810 Assee, FL 32303
		ranana	223CC, ΓL 343U3 / V

Articles of Amendment to Articles of Incorporation of

2021 NOV -1 PH 3: 23

VIVALI CORPORATION

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000085670	
(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(s) to
A. If amending name, enter the new name of the corporation: N/A	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable;	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	iress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>\$:</u>
Name of New Registered Agent N/A	
(Florida si	reet address)
New Registered Office Address:	, Flonda
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	ſ
Signature of New	Registered Agent, if changing
	Vi/

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)

Remove

Example:

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.

X Change	PT John D	loe	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	mith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	<u> </u>	VITTORIO A VALAREZO LINGEN	350 SOUTH MIAMI AVE.
Add			Apt 2414
Remove			MIAMI, FL 33130
2) Change	CEO	MIGUEL REYES	50 Biscayne BLVD Apt 4801
X Add			MIAMI FL 33132
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			



E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
New Article: Only the Registered Agent Premium Tax Services and President Director Miguel Reyes can do changes and/or
amendment to the corporation including but no limit to:
1 Add or delete officer and/or directors.
2 Change registered agent.
3 Change or add mailing address.
4 Change or add principal address.
5 Amendments.
6 Exchange, reclasification or cancellation of shares.
7 Dissolution, and
8 Any ither type of change.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A



The date of each amendr	nent(s) adoption: _	09/09/2021	, if other than t
date this document was sig	gned.		
Effective date if applicable:	le: 09/09/202	1	
	<u> </u>	(no more than 90 days after amend	ment file date)
Note: If the date inserted document's effective date			ng requirements, this date will not be listed as t
Adoption of Amendment	(s) (<u>C</u>	HECK ONE)	
The amendment(s) was action was not required		e incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was by the shareholders wa		ne shareholders. The number of votes or approval.	ast for the amendment(s)
The amendment(s) was must be separately pro	/were approved by vided for each voting	the shareholders through voting groups ag group entitled to vote separately on	:. The following statement the amendment(s):
"The number of v	otes cast for the an	endment(s) was/were sufficient for ap	proval
by		oting group)	"
Dated_	09/09/2021	1///	<u> </u>
Signatur	(By a director, pr selected, by an in	esident or other officer - if directors or acorporator - if in the hands of a receivery by that fiduciary)	officers have not been er, trustee, or other court
	Miguel F	eyes	
		(Typed or printed name of person sig	gning)
	Presiden	Director	
	<u></u>	(Title of person signing)	