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(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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12/17/18--01015--014 **35.00

DEC 2 0 **2018**S. YOUNG

18 DEC 17 AM 8: 09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VERY GOOD DE	EAL CORP	
DOCUMENT NUME	BER: P18000001914		
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	RUI DE JESUS		
		Name of Contact Person	n
	<u> </u>	Firm/ Company	
	12901 PORT SAID RD UNI	T 8	
	OPALOCKA, FL 33054	Address	
		City/ State and Zip Cod	
For further information	n concerning this matter, plea	954	706-5523
Name o	of Contact Person	at (Area Co) ide & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VERY GOOD DEAL CORP

(Name e	of Corporation as curren	itly filed with the Florida Dept. of State)
18000001914		
	(Document Number	of Corporation (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new na	ime of the corporation:	
me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		12901 PORT SAID RD UNIT 8
		OPALOCKA, FL 33054
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12901 PORT SAID RD UNIT 8
		OPALOCKA, FL 33054
		1000
If amending the registered agent an new registered agent and/or the new	d/or registered office address	dress in Florida, enter the name of the ss:
Name of New Revistered Avent	RUI DE JESUS	
Name of New Registered Agent	RUI DE JESUS 12901 PORT SAID RD I	UNIT 8
Name of New Registered Agent	12901 PORT SAID RD	UNIT 8
Name of New Registered Agent New Registered Office Address:	12901 PORT SAID RD	

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	<u>PT J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Aike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ELENA GARCIA ROYO	13051 PORT SAID RD BAY 09
Add			OPALOCKA, FL 33054
X Remove			
2) Change	P	RIU DE JESUS	12901 PORT SAID RD UNIT 8
$\frac{X}{X}$ Add	,		OPALOCKA, FL 33054
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
- 1	<u> </u>
	<u> </u>
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
······································	

The date of each amendment(s)	12/13/2018 adoption:	, if other than the
date this document was signed.		
12 Effective date <u>if applicable</u> :	2/13/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	· · ·	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were accion was not required.	dopted by the incorporators without shareholder action and shareholder	
12/13/20	18	
Dated		
Signature	MA A	
(By a select	director/ president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court mied fiduciary by that fiduciary)	_
	RUI DE JESUS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	