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SECRETARY OF STATE TALLAHASSEF EATE

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: VPR INC DOCUMENT NUMBER: P18000008760 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Osvaldo Valadez Name of Contact Person VPR Inc. Firm/ Company 14832 Oak Vine Dr Address Lutz FL 33559 City/ State and Zip Code waldo.valadez93@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (8136) 406-1224

Area Code & Daytime Telephone Number Osvaldo Valadez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation

FILED

VPR Inc. 2018 OCT 15 PM 12: 41 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE 18000008760 TALLAHASSEE (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST_BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	MGR		Clemente Valadez	4832 Oak Vine Dr
X Add				Lutz FL 33559
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

,	g or adding additiona itional sheets, if necessa	ary). (Be specific	c)			
						
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If an amer	dment provides for ar	i exchange, reclas	sification, or car	<u>rcellation of issu</u>	ed shares,	
<u>provision</u> (if no	s for implementing the capplicable, indicate N	: amendment it no 74)	ot contained in tr	ne <u>amenoment it</u>	<u>sen:</u>	
19.10	approximately total control of	,				
					<u> </u>	
		— -				
				·	-	

The date of each amendment(s)	adoption:	, 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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/09/20 Dated	18	
C'		**
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Osvaldo Valadez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	