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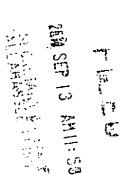
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

SEP 13 THINGS NAME OF CORPORATION: V. A. PROJECTS INC.

P18000048412 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FREDERICK TYA

Name of Contact Person V-A. PROJECTS INC.
Firm/ Company 1830 RADIUS DRIVE, APT 710
Address City/State and Zin Code Vaprojects. Ltd @ gmail · Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FREDERICK AYA at (786) 4835288 Area Code & 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 & □\$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) **Malling Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Inc

Articles of Incor	poration
of	1
	<u> </u>
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida 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 "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation  o". A professional corporation name must contain the
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)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	t address)
New Registered Office Address:	, Florida
(C	'tty) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
N/F	intered Agent if changing
Signature of New Res	sistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title  D	Name ANTHUNY PETERS	Address 8210 NW 169th STREET HIALEAH FL 33015
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
51 Change Add Remove		<del></del>	
6) Change Add Remove			
Kemove			

f amending or adding additional Articles Attach additional sheets, if necessary). (I	<u>s enter change(s) here</u> . Be specific)	N/A	_
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f an amendment provides for an exchange provisions for implementing the amenda			
(if not applicable, indicate N/A)	N/A		
			•
, <del>- , - , -</del>		<del></del>	
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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(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 cast 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 8 2 2 19
Dated
(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)
FREDERICK AMA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)