

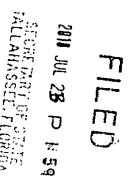
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Antoniette Vegan Corporated DOCUMENT NUMBER: <u>W | 800065335</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manuela Vanez
Name of Contact Person Antoniette Vegan Corporated Glo clearweiter Park Boad 71-1008 West-Palm Beach FL 33401
City/State and Zip Code Wanvelahome Sale Segmail com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Manuela Yanet
Name of Contact Person at (<u>S&1</u>) <u>S&8 4027</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to1

Articles of Incorporation of

Antoniette Vegan (Name of Corporation as currently)	Ccrporation
_	
P1800006	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this FL its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the
B. <u>Enter new principal office address</u> , if <u>applicable</u> : (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u></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 address new registered agent and/or the new registered office address:	S in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent ///-	
New Registered Office Address: Now Registered Office Address:	address), Florida iy) (Zip Coda)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Regi	istered 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: <u>X</u> Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Manuela Yanez	616 Clearwater
Add		,	Park Road #1002
Remove			West-Palm Beaun FL 33-101
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
` Add			
Remove			

Attach additional sheets, if necessary). tBe specific)	~ 1/ E
	!\/ <u>_</u> !\/_!\
	,
f .m	Continue and address of insured above
f an amendment provides for an exchange, reclassif provisions for implementing the amendment if not o	contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A
	- - - -/-1

The date of each amendment(s) adoption:	7-14-18	, if other than the
date this document was signed.		
Effective date if applicable:		
(no mor	e than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet if document's effective date on the Department of State's re-	ne applicable statutory filing requirements, teords.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ON	<u>E</u>)	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amend	ment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group on	ders through voting groups. The following sittled to vote separately on the amendment(s)	tatement):
"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 daction was not required.	lirectors without shareholder action and share	eholder
The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and sharehold	ler
Dated		
Signature (By a director, president or of selected, by an incorporator appointed fiduciary by that the	her officer – if directors or officers have not - if in the hands of a receiver, trustee, or othe duciary)	been r court
(Typed or	OUCICI VCY1c Z printed name of person signing)	· • · · · · · · · · · · · · · · · · · ·
lnco	Y 2010101 (Title of person signing)	