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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: VELARA PROPE	RTY IMPROVEMENT IN	<u></u>
DOCUMENT NUMBER	P 18000067822		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
AN	GEL L CORCINO		
<u></u>		Name of Contact Person	
AL	C ACCOUNTING SERV	ISES	
		Firm/ Company	
		Address	
153	0 BROKEN OAK DR W	INTER GARDEN FL 3478	7
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
alcorcino	@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, plea	se call:	
ANGEL L CORCINO			218-9795
Name of Contact Person		at (407 218-9795 Area Code & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

VELARA PROPERTY IMPROVEMENT INC.

(Name of Corporation as cur	rrently filed with the Florida De	ept. of State)
PI8	000067822	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporation"." Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professional corpo	porated" or the abbreviation oration name must contain the
B. Enter new principal office address, if applicable:		*
(Principal office address MUST BE A STREET ADDRESS)		8 T
		Sign or Fig.
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	e address in Florida, enter the n	ame of the
new registered agent and/or the new registered office ac		<u> </u>
N CN D CALL		
Name of New Registered Agent		
(Flor	ridu street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligati	ions of the position.
Signature of	New Registered Agent, if changin	lg

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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	SEC	BEATRIZ FERNANDEZ	2205 OLYMPIA FIOELDS ST
Add			MASCOTTEE FL 34753
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
JUST CHANGE BEATRIS TITLE FROM	I VP TO SECRETARY
- · · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	·
	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Ç	
Effective date <u>if applicable</u> :	andmont file data)
(no more than 90 days after ame	патені зне ашез
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
10/01/2018 Dated	
Signature Quality	
(By a director president or other officer – if directors selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	
ANGEL I. CORCINO	
(Typed or printed name of person s	signing)
REGISTER AGENT	
(Title of person signing	3)