## P180000080683

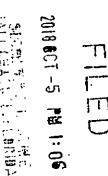
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: VICTORIA REM	ODELING INC		
	BER: P18000080683	<u> </u>		
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the followin	g:	
	CARLOS PEREZ			
		Name of Conta	ct Perso	n
	C PEREZ PROFESSIONAL	SERVICES INC		
		Firm/ Com	pany	
	4343 W WATERS AVE			
		Addres	S	
	TAMPA, FL 33614			
		City/ State and	Zip Cod	e
<del></del>	E-mail address: (to be us	sed for future annu	al report	notification)
For further information	on concerning this matter, pleas	se call:		
CARLOS PEREZ		. 813	3	249-2300
Name	at (	Area Co	) 249-2300 de & Daytime Telephone Number	
te dia dei la de	.1.6.0			
Enclosed is a check to	or the following amount made	payable to the Flor	іда Дера	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Certified Copy (Additional co- enclosed)	·	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address				Address
Am	Amendment Section			
Div P.O	Division of Corporations Clifton Building			
	lahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VICTORIA REMODELING INC	
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P18000080683	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
name must be distinguishable and contain the word "con "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered." "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	- Ten 00
C. Enter new mailing address, if applicable:	en l
(Mailing address MAY BE A POST OFFICE BON)	
D. If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office :	address:
Name of New Registered Agent	
(F)	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	I Agonti
I hereby accept the appointment as registered agent. I am fa	
Ci	f New Registered Agent, if changing
Signature o	g nen negmerea agem, g enanging

## 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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	STEFANO A FRASSON	11708 MEADOWDALE DR
XAdd			TAMPA, FL 33625
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i> e	ing additional Artic cets, if necessary).	(Be specific)			
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f an amendment pr provisions for impl	ovides for an excha ementing the amen	nge, reclassifica dment if not cor	ition, or cancella itained in the am	<u>tion of issued shar</u> endment itself:	<u>'es,</u>
(if not applicabl	le, indicate N/A)	_		· · · · · · · · · · · · · · · · · · ·	
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·				<del>-</del>	
	-	<del></del>			

	10/01/2018	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
	701/2018	
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 date will Department of State's records.	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 amendment(s) sufficient for approval.	
	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 car	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder	
10/01/20 Dated	18	
Signature		
(By a select	director, president or/other office—if directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	CLEBER JUNIOR GONCALVES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	