## P18000095739

(Re	equestor's Name)	<u> </u>		
(Ac	ldress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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	ocument Number)	<del></del>		
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SECRETARY OF STAIR

DEC 12 2018 C WCHAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations		<b>∴</b>
NAME OF CORPORATION:V_i		MERICAS, LUC TES
DOCUMENT NUMBER: P180	00095739	رم ک
The enclosed Articles of Amendment ar	d fee are submitted for filing.	<b>,</b>
Please return all correspondence concern	ting this matter to the following	g:
MR. Dan	Name of Conta 1. CLOUGH Co., F. Firm/ Com	oct Person
<u> 1 HDM 43</u>	Firm/ Con	(A.
	Address	SS C
LAKEIN	4074 E1 3341	
	City/ State and	Zip Code
dana. Hho	mase thomas -	- clough. com al report notification)
For further information concerning this r	natter, please call:	
MR. DANA THOMAS	at (	Area Code & Daysime Telephone Number
Name of Contact Person		Area Code & Daytime Telephone Number
Enclosed is a check for the following an	ount made payable to the Flor	rida Department of State:
☑ \$35 Filing Fee ☐\$43.75 Fit Certificate		y Certificate of Status ppy is Certified Copy
Mailing Address		Street Address
Amendment Section		Amendment Section
Division of Corporation	ens	Division of Corporations
P.O. Box 6327	•	Clifton Building
Tallahassee, FL 32314	ı	2661 Executive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment Articles of Incorporation

Articles of Amendment  10  Articles of Incorporation  of  VIDEP WORKS OF AMERICAN JUL  (Name of Corporation as currently filed with the Florida Dept. of State)	. •
Articles of Amendment	٠,,
Articles of Incorporation	٠.
of Section 2	_
VIDEDWOORS OF ANSELVE LOC	?
(Name of Corporation as currently filed with the Florida Dept. of State)	C
P18000095739	_
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to	)
s Articles of Incorporation:	
. If amending name, enter the new name of the corporation:	
ame 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	
ord "chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS )	
. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
If amending the registered epost and/or registered off and the state of the state o	
. 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	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Lip Code)	
w Registered Ament's Cignature if shaming their and the	
w Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
The second secon	
<del></del>	
Signature of New Registered Agent, if changing	

(Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer: CFO held. President, Treasure Changes should be noted a change, Mike Jones Ied Mike Jones, V as Remove	i, if necessivector title President - Chief i er, Director in the fo	sary)  le by the first letter of the office title;  t: T = Treasurer; S = Secretary; D = Directo  Financial Officer. If an officer/director holo  or would be PTD.  Illowing manner. Currently John Doe is liste  torporation, Sally Smith is named the V and	th officer/director being removed and title, name, and  TR = Trustee; C = Chairman or Clerk; CEO = Chief its more than one title, list the first letter of each office at the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change.		
Example: X Change	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	DPTS	MAURO FRATTESI	V, DEOWORKS S.P.A.		
_X_ Add			VIA ALBERTINI 36/03		
Remove			60131 ANCONA ITALY		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	<del></del>				
Add			<del></del>		
Vemove					

δ) \_\_\_\_ Change

\_\_ Add

\_ Remove

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	<del></del>		
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sn amendment provides for an each	ange, reclassifica	<u>liou, or</u> cancellati	ion of issued sha	res.
provisions for implementing the amen (if not applicable, indicate N/A)	idment if not con	tained in the ame	ndment itself:	_
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The date of each amendment(s) adoption date this document was signed.	: Novenaca	20, 2018	, if other than the
uate this document was signed.			<del></del>
Effective date if applicable:	Hovember		
	(no mare than 90	) days after amendment file da	iie)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applier at of State's records.	able statutory filing requirems	mis, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
(S) The amendment(s) was/were adopted by by the shareholders was/were sufficient	the sharebolders. The for approval.	number of votes cast for the a	mendment(s)
The amendment(s) was/were approved by must be separately provided for each wi	y the shareholders throu uling group entitled to v	igh voting groups. The fallow ote separately on the amenda	sing statement tentis):
"The number of votes east for the a	unendment(s) was/were	sufficient for approval	
by	(voting group)	<b>u</b>	
	(voting group)		
The amendment(s) was/were adopted by action was not required.			
The amendment(s) was/were adopted by action was not required.	the incorporators witho	out shareholder action and shar	zholdet
Dated	-018		
Signature Hau	o Froth	000	
(By a director, s	president or other office	τ – if directors or officers have	c not been
selected, by an appointed fiduc	incorporator — if in the iary by that fiduciary)	hands of a receiver, trustee, or	other coun
Ma	URO FRATT	E5   ame of person signing)	
<u> </u>	RETURN (Title of		
	(Title of	person signing)	