## P18000 102 686

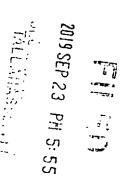
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	<u></u> ;
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





900334343189

09/23/19--01003--014 \*\*35.00



OCT 0 8 2019

0 4.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	RETAIL VE	NTURES INC.		
DOCUMENT NUMB	er: <u>P180001</u>	02636			
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
-	It re	Name of Contact Person			
Et retail vertures Inc Firm/Company					
372 NE 194th LN Address					
miami FL 33179  City/ State and Zip Code					
<del></del>	Cuitalsa E-mail address: (to be us	id Cohotmo	notification)		
For further information	concerning this matter, pleas	se call:			
Avita Name of	Contact Person	at ( <u>954</u> Area Co	<u> </u>		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)		
<u>Maili</u>	ng Address	Street	<u>Address</u>		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

IT Retail Ve	entures inc.
	filed with the Florida Dept. of State)
P180001094	£36
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	TI I
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 "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	372 NE 1947 LN
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33179
C. Enter new mailing address, if applicable:	. 1.
(Mailing address MAY BE A POST OFFICE BOX)	NA PL
	ST T
	$\sim$ $\sim$
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	25.
Name of New Registered Agent NA	<u> </u>
	_
(Florida stree	t 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 familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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.

Frample:

X Change	<u>PT</u>	John Do	<u>xe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	b	<del></del>	Briceida	Boscan	13650 E Colfax Av.
_`X Add					# 2230
Remove					Aurora Colovado 80011
2) Change		<del>-</del>			
Add					
Remove					
3) Change		_		·····	
Add					
Remove					
4) Change	<del></del>	-			
Add					
Remove					
5) Change		_		<del>.</del>	
Add					
Remove					
6) Change		-			
Add					<del></del>
Remove					

ending or adding additional Article in additional sheets, if necessary).  NA	(Be specific)		
			· · · · · · · · · · · · · · · · · · ·
	<del></del>		
	<del></del>	· <del>- · · · · ·</del> · ·	· · · · · · · · · · · · · · · · · · ·
····			
	·		
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		······································	
		<del></del>	
		······	
		<del>_</del>	
·	····	··	
n amendment provides for an exchapisions for implementing the amer (if not applicable, indicate N/A) Shave holder	idment if not contain	or cancel ed in the a	lation of issued shares, mendment itself:
Avilal Calas	n - P -	50	Shareholder
TIVITAL COND			
		<u>\$0</u>	Shaveholder
Briceida Bo		<u>\$0</u>	Shriveholder
		<u>\$</u>	Shriveholder
		<u>\$</u>	Shriveholder

The date of each amendment(s) adoption: ONIMA	, if other than the
Effective date is 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 document's effective date on the Department of State's records.	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 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	
☐ 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 CALONIAG  Signature CALONIAG	
(By Adirector, 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)	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	