

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Offices.

Office Use Only



700420010687

12/08/23--01018--003 **35.00

63 H FT 64 23 L 23

Les Constitutions of the Constitution of the C

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GLOBAL VIP	INTERNATIONAL INC
DOCUMENT NUMBER: P18000102917	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MARIELYS L GARCIA	GUTIERREZ
	Name of Contact Person
	Firm/ Company
354 ARDMORE ST	
DAVENPORT, FL, 3389	Address
	City/ State and Zip Code
lepetitstoreve@gmail.con	n
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter, p	please call:
MARIELYS L GARCIA GUTIERREZ	at (407) 707-9364 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1	٦,	ı	^	ì	R	١	Ĺ.	١	71	H	•	D	J	Ŧ	`I	-	þ	١	J	۸	-	rı	1	`	١	J	۸	. 1	Ī	1	N	1	•

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
P18000102917		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendm	nent(s) to
A. If amending name, enter the new name of the corporation		
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association." or the abbreviation ".	o". A professional corporation name must contain the wor	,,,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		• •
C. Enter new mailing address, if applicable:		13 17 17
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1,
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		ئ ئ
Name of New Registered Agent		
(Flori	ida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
N. B. J.		
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	Agent: iliar with and accept the obligations of the position.	
Signature of N	New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120		

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)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	VP	Marielys L Garcia Gutierrez	354 ARDMORE ST	
Add			DAVENPORT, FL, 33897	-
Remove				
2) Change	P	Alexis E Barrios Monasterios	354 ARDMORE ST	_
× Add			DAVENPORT, FL, 33897	
Remove 3) Change		<u> </u>		
Add				ر ا ز
Remove			····	
4) Change			·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			_	
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)			

· ·				
				
-,-				

				•
				1
an amendment provides for an exch	umuu malansiGantina		Finance about	
provisions for implementing the ame	ange, reciassification	ned in the amendm	unt itealf:	
(if not applicable, indicate N/A)	idilent ii iivi contai	nea in the amenans	CHC HSCH.	•
,				
				
		_		

The date of each amendment(s) adoption:, if date this document was signed.	other than the
Effective date if 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 will not be document's effective date on the Department of State's records.	pe listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
12/01/2023 Dated	
Signature All S	
(By a director, 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)	
Marielys L Garcias	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	
	3
	1) bed -6
	-!-
	÷ .