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SECRETARY OF STATE

BL VORISEK OCT 10 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VENECIA FIVE	EINC
DOCUMENT NUMBER: P19000001060	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	matter to the following:
	MONICA M. QUERALES PEREZ
	Name of Contact Person
	VENECIA FIVE, INC
	Firm/ Company
	10773 NW 58TH ST SUITE # 106
	Address
	DORAL, FL 33178
	City/ State and Zip Code
	veneciafiveinc2018@gmail.com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call: 786 2389575
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VENECIA FIVE, INC			020
(Name of Corporation		AUG .	
	AA	N ∈	
(Docume	SSV	-0	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	llowing a	mendment(
A. If amending name, enter the new name of the cor	rporation:	L-J	!
N/A		TI	he new
name must be distinguishable and contain the word "cor"Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation name must		
B. Enter new principal office address, if applicable:	10773 NW 58TH ST SUITE # 106		
(Principal office address MUST BE A STREET ADDI			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of N/A	DORAL, FL 33178 ed office address in Florida, enter the name of the		
Name of New Registered Agent	TO ANAL SOURCE OF CHARTS II 100		
107	73 NW 58TH ST SUITE # 106		
	(Florida street address) DORAL 33		
New Registered Office Address:	(City), Florida	(Zip Cod	<u></u>
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the pos	ition.	
Signat	ture of New Registered Agent, if changing		

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	V	MILDRED C. LANDAETA	10773 NW 58TH ST #106
			DORAL FL. 33178
Remove			
2) X Change	P	MONICA M QUERALES PEREZ	10773 NW 58TH ST #106
Add			DORAL FL. 33178
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
<i>δ</i>) Change			
Add			
Remove			

(Atte	nending or adding additional Articles ch additional sheets, if necessary). (I	i, enter change(s) here Re specific)	:	
N/A	си анатопи эпсеть, у песельшуў. — (Е	ne specificy		
19/74				
			-	
				
				
				
			, _ ,	
F. If a	amendment provides for an exchang	ge, reclassification, or	cancellation of issued sh	ares.
pro	visions for implementing the amenda	nent if not contained i	n the amendment itself:	
	(if not applicable. indicate N/A)			
N/A				
				
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
August 25, 2020 Effective date if applicable:	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
by (voting group)	for approval
Dated	
(By a director, president or other officer – if directorselected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	
MONICA M QUERA	ALES PEREZ
(Typed or printed name of person	on signing)
PRESIDE	NT
(Title of person signing)	