P1900036380

(Requ	uestor's Name)	
(Adda	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doct	ument Number)	
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2022 FEB 28 AM IO: OF SEATON

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: VIA PATA GONIA	<u>.</u>
DOCUMENT NUMBER: 7/9000036380	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alejanora Debragoris Name of Contact Person	
POBOL 357 PINGON FC. 33945	
City/ State and Zip Code City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification)	1. Com.
For further information concerning this matter, please call: Alejanda He Megozis at 258-1	1269
Name of Contact Person / Area Code & Daytime Telephor	ie Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Status S	s
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

		to .
Articles	of	Incorporation

Via Petasonia Inc			
(Name of Corporation as current)	ly filed with the Florida Dept. of State	H H into	
P19000036,380	20	22 FEB 28	AM 10: 06
(Document Number o	f Cornoration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ECRETARY Mowing and	OF STATE
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A professional corporation name must	reviation "Co contain the	orp.,"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PoBox 357 Pineland FL 3:	39 Y s	
		339.0 (Zip Code)	<u>2</u>
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New R		esition.	
and the second second			

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.

X Remove	<u>∨</u> <u>sv</u>	Mike Jones
	<u>sv</u>	
X Add		Sally Smith
Type of Action (Check One)	<u>Title</u>	Name Address
1) Change	<u>V 1</u>	Kozert luzitto 6000 Manheinto
_X Add		Bokeelia FL33922
Remove		
2) Change		
And		
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	(Be specific)
	
· <u>-</u> .	
	<u> </u>
	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act faction was not required.	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 2/24/2022	
Signature Signature	.
(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 countries of the countries of	
appointed fiduciary by that fiduciary)	ų.
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Tresident	
(Title of person signing)	