## P19000057672

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		COVERTEITER	•		
TO: Amendment Sec Division of Corp			· .		
NAME OF CORPO	RATION: FVM CORPORAT	TION			
	BER: P19000057672				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	WILSON MERCEDES				
		Name of Contact Persor	1		
	FVM CORPORATION				
	Firm/ Company				
	18920 NW 14TH AVE				
		Address			
	MIAMI GARDENS, FL 331	96			
		City/ State and Zip Code	e		
	wilsonmercedes@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
WILSON MERCED	ES	at (	3065002		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fi	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

FVM CORPORATION		
( <u>Name</u> )	of Corporation as curren	tly filed with the Florida Dept. of State)
P19000057672		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	.orp," "Inc," or "Co"	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:		18920 NW 14TH AVENUE
(Principal office address MUST BE A S	TREET ADDRESS )	MIAMI GARDENS, FL 33196
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18920 NW 14TH AVENUE
		MIAMI GARDENS, FL 33196
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	dress in Florida, enter the name of the
	WILSON MERCEDES	<u></u>
Name of New Registered Agent	-	
	(Florida s	rvet address)
W 6 1 10 2 2 11	18920 NW 14TH AVEN	UE MIAMI GARDENS 33169
New Registered Office Address:		, Florida
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familian	t: with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
Check if applicable  ■ The amendment(s) is/are being filed pr	ursuant to s. 607,0120 (11)	(e), F.S.

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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)

Example:

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 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) Change	PT	WILSON MARTINEZ	18920 NW 14TH AVENUE
Add			MIAMI GARDENS, FL 33196
X Remove			
2) Change	P <b>T</b>	WILSON MERCEDES	18920 NW 14TH AVENUE
XAdd			MIAMI GARDENS, FL 33196
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

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	-	
<u> </u>		
n amendment provides for an exchange, reclassification, or cancellati	on of issued shares,	
ovisions for implementing the amendment if not contained in the ame	ndment itself:	
(if not applicable, indicate N/A)		
		-
<del></del>		

•

	08/06/2021	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
<del>-</del>	6/2021	
Effective date if applicable:		
	(no more than 90 days after amendm	ient file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	pted by the incorporators, or board of directors wi	ithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes ca fficient for approval.	ist for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appr	roval
by		., •
•	(voting group)	
08/06/2021 Dated		2021 A173
Dateu	<del></del>	<u>~</u>
	d	u ș
Signature	rector, president or other officer – if directors or o	officers have not been
	l, by an incorporator – if in the hands of a receiver	
	ed fiduciary by that fiduciary)	6+ 
WILSON MARTINEZ		ස
		21
	(Typed or printed name of person sign	ing)
	PRESIDENT	

(Title of person signing)