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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VILLA SCAPES II	NC 	 		
DOCUMENT NUMB	ER: P20000012199				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
(CHRISTIAN J VILLANUEV	/A			
-	•	Name of Contact Perso	n		
•	VILLA SCAPES INC				
-		Firm/ Company			
Ç	0031 SW 68 TERRACE				
-		Address			
3	MIAMI, FL 33173				
-		City/ State and Zip Cod	le		
(CVILLA585@GMAIL.COM				
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
CHRISTIAN VILLANUEVA		at (395-0501		
Name of Contact Person			ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	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 Tallahassee, FL 32314		Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

VILLA SCAPES INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000012199 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: VILLANUEVA CONSTRUCTION, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street 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 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 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add		 -		
Remove				
6) Change		_		
Add				
Remove				

Attach <i>addin</i>	or adding additional Ar onal sheets, if necessary).	ucies, enter change. (Be specific)	reis) nere:		
		(
<u>.</u>					·-
	- · · ·				
					
<u> </u>					
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				·	
f an amend	nent provides for an exc	change, reclassific	ation, or cancella	tion of issued shar	es,
provisions to (if not a	or implementing the am pplicable, indicate N/A)	iendment if not co	ontained in the an	iendment itself:	
1,5					
				_ 	
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			· · -		
		 _			

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:		<u>. </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendmental for approval.	nent(s)
	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
JULY 11, Dated	2024	
Signature		
	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other	
	nted fiduciary by that fiduciary)	court
	CHRISTIAN J VILLANUEVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: VILLA SCAPES I	NC				
DOCUMENT NUM	IBER: P200000121999					
	s of Amendment and fee are su	bmitted for fi	ling.			
Please return all corr	espondence concerning this ma	tter to the fol	lowing:			
	CHRISTIAN VILLANUEVA	4				
		Name of (Contact Person	n		
	VILLASCAPES INC					
		Firm/	Company			
	9031 SW 68 TERRACE					
	Address					
	MIAMI FL 33173					
		City/ State	and Zip Cod	e		
	CVILLA585@GMAIL.COM	i				
	E-mail address: (to be us	sed for future	annual report	notification)		
For further informati	on concerning this matter, plea	se call:				
CHRISTIAN VILL	ANUEVA	at	786	395-0501		
Name of Contact Person			Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the	: Florida Depa	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified	al copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303