PZ0000032973

(Reque	stor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	≥ #)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	Officer	 1
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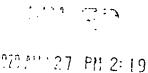
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VALLE REYES	COLLECTION INC	
	P20000022973		
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	VALLE, JOSE R		
-		Name of Contact Perso	n
		Firm/ Company	
	115 PIERCE CRISTHE DR	UNT 16	
-		Address	
-	VALRICO, FL 33594		
		City/ State and Zip Cod	e
servic	ollectionfl@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VALLE, JOSE R		at (⁸¹³	8503578 de & Daytime Telephone Number
Name o	f 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:
□ \$35 Filling Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



VALLE REYES COLLECTION INC.

VALLE RETES COLLECTION INC	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P20000022973	···,
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	115 PIERCE CRISTHE DR UNT 16
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	VALRICO, FL 33594
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	115 PIERCE CRISTHE DR UNT 16
	VALRICO, FL 33594
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Name of New Registered Agent (Florida st New Registered Office Address:	treet address), Florida

Signature of New Registered Agent, if changing

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	TORRES, GUSTAVO A	H5 PIERCE CRISTHE DR UNT
Add				VALRICO, FL 33594
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				••
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
		_		
		-		-
				_
	<u> </u>		·	
If an amendment provides for an excha	ange, reclassificatio	n, or cancellation	of issued shares	1
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contai	ned in the amend	ment itself:	
		. =		

	08/13/2020		
The date of each amendment(s) addate this document was signed.	option:		, if other than th
-	3/2020		
Effective date <u>if applicable</u> :			
	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		cable statutory filing requirements, this c	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suf		e number of votes cast for the amendment	(s)
		ough voting groups. The following staten vote separately on the amendment(s):	nent
"The number of votes east for	or the amendment(s) was/wer	re sufficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors	without shareholder action and sharehold	ier
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators with	out shareholder action and shareholder	
08/13/2020 Dated			
Signature	(Long)		
	ector, president or other offic	er - if directors or officers have not beer	<u> </u>
selected.	by an incorporator - if in the	e hands of a receiver, trustee, or other cou	urt
appointe	d fiduciary by that fiduciary)		
•	VALLE, JOSE R		
-	(Typed or printed	name of person signing)	
)		
_	(Title (of person signing)	