## P21000040228

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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filin	a Officer	
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2021 OCT 20 PM 6: 36
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 1 2021 S. PRATHER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: VALENXIA COR	<del>P</del>	
DOCUMENT NUM	P21000040228		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARIEL KORUK		
		Name of Contact Person	1
	0054 REALTY		
		Firm/ Company	
	2200 NE 123RD ST		
		Address	
	NORTH MIAMI, FL. 33181		
		City/ State and Zip Code	e
	ARIEL@0054REALTY.COM	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ARIEL KORUK		at ( <sup>786</sup>	8043205 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation  of		TAL	202	
VALENXIA CORP		CRET	2021 OCT	-11
(Name of Corneration as current	ly filed with the Florida Dept. of State)	SS	~	
P21000040228		ωœ.	0 P	LED
(Document Number of	f Corporation (if known)	70		
(Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing anichd	.mggit(	(s) to
A. If amending name, enter the new name of the corporation:				
		The n	iew	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must con			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		- -	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			_	
Name of New Registered Agent		· <del></del>		
/Florida et	reet address)			
New Registered Office Address:	(Ciny) . Florida	(ip Code)	_	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	<u>:</u>			
Signature of New R	egistered 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 Doc	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Т	ARIEL KORUK	2200 NE 123RD ST
Add			NORTH MIAMI, FL, USA
X Remove			33181
2) Change			
Add			
Remove 3 ) Change	***		
Add			
Remove			<del></del>
4) Change			<del></del>
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			·
Add			
Remove			

(Attach	nding or adding additional and additional sheets, if necessar	y). (Be specific)	er <u>m — propries de la de</u>			
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lf an a	mendment provides for an e	xchange, reclassif	cation, or cancel	ation of issued sl	hares,	
provis	sions for implementing the s f not applicable, indicate N/A	<u>imendment if not c</u>	contained in the a	<u>mendment itself:</u>		
•						
	· · · · · · · · · · · · · · · · · · ·	<del></del>	·		<del>.</del>	•
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0	CT 01/2021			
The date of each amendment(s) adoption:		_, it oth	er tha	n the
date this document was signed.				
Effective date if applicable:				
r.Hective date ir appricable.	(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this block does it document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will f State's records.	not be li	sted a	s the
Adoption of Amendment(s) (CF	HECK ONE)			
■ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and	shareholo	der	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.			
must be separately provided for each voting	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): endment(s) was/were sufficient for approval	TALLAHASSE	2021 OCT 20	15
OCT 01/2021 DatedSignature	ting group)	Y OF STATE SEE, FLORIDA	0 PM 6: 36	
(By a director, pres selected, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)  ORUK	_		
	(Typed or printed name of person signing)			
TREASUR	RER			
<del></del>	(Title of person signing)		_	

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