P21000040693

(F	Requestor's Name)	
(/	\ddress)	
(A	Address)	
((City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
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(E	Business Entity Name)	
(6	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	<u> </u>
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CORPORATE

When you need ACCESS to the world

ACCESS, INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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July 12, 2023

CORPORATE ACCESS, INC.

TALLAHASSEE, FL 32303

SUBJECT: VIALDRIVE, INC. Ref. Number: P21000040693

We have received your document for VIALDRIVE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 023A00015451

FILED

Articles of Amendment to Articles of Incorporation of

2023 JUL 13 AM 9: 10

VIALDRIVE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000040693				
(Document Number of	Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	lorida Profit Corpord	ation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
	··-			_The new
name must be distinguishable and comain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "C	o". A professional o	incorporated" or the corporation name must	ibbreviation contain the
B. Enter new principal office address, if applicable				_
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)			
				_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)			
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				_
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office addres	<u>ss in Florida, enter t</u>	he name of the	
	ance gaaress.			
Name of New Registered Agent			,	
	(Florida street	(address)		
Nav. Braintened Office Udans	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		taitia	
New Registered Office Address:	(City)	, r	lorida <u>(Zip Code)</u>	_
Non-Boristand Amends Circums is also also Deci-				
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		h and accept the obli	gations of the position.	
Signature of New	v Registered Age	ent, 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: XChange	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>D</u>	MANUEL V. LAFONT	8777 COLLINS AVE SURFSIDE, FL 33154
2) Change X Add Remove	D	HUMBERTO GARCIGA	600 NE 27 STREET, APT 801 MIAMI, FL 33137
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)

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N. A.	
an amandmant provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	indment if not contained in the amendment itself:
(if not applicable, indicate NA)	

The date of each amendment(s) a	doption: 07/10/2023
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
Dated 7/10/2	ego C Contreration.
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DIEGO CORRALES CONTRERAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)