## P21000049232

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PHEONIX DESIG	INS, INC.	·
DOCUMENT NUM	BER: P21000049232		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ROBERTO ESTEVEZ		
	PHEONIX DESIGNS, INC.	Name of Contact Person	n
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	12555 SW 189 STREET	vivia company	
	<u> </u>	Address	
	MIAMI. FL 33177		
		City/ State and Zip Cod	e
For further informatio	n concerning this matter, plea	786	2553511
Name	of Contact Person	at ( Area Co	de & Davtime Telephone Number
Enclosed is a check fo	or the following amount made		•
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PHEONIX DESIGNS, INC.		
(Name of Corporation	on as currently filed with the Fl	orida Dept. of State)
P21000049232		
(Docum	ent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
VICE DESIGNS INC		The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional cor	proporated" or the abbreviation "Corn."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u></u>	P. T.
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, en office address:	ter the name of the
Name of New Registered Agent		-
	(Florida street address)	
New Registered Office Address:	(City)	. Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the	obligations of the position.

Signature of New Registered Agent, if changing

## Check if applicable

 $\Box$  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>174</u>	John Do	<u>se</u>							
X Remove	<u>V</u>	Mike Jo	<u>ines</u>							
X Add	<u>sv</u>	Sally Sn	nith							
Type of Action (Check One)	Title		<u>Name</u>				<u>Addres</u> s			
1) Change		_			<del>-</del>					
Add										
Remove										
2) Change		<u> </u>				_				
Add										
Remove 3) Change		_		<del></del>		_				
Add							-			
Remove										
4) Change		_								
Add										
Remove										
5) Change		_				_				
Add								-		
Remove										
6) Change		_					· <del></del>			
Add									<u> </u>	
Remove										

	(Be specific)
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an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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	06/15/2021	
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
06/1: Effective date <u>if applicable</u> :	5/2021	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing recoartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for ficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	ıl
by		_,"
	(voting group)	
06/15/2021 Dated	<del>.</del>	
Signature	126	
selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, to ed fiduciary by that fiduciary)	
	ROBERTO ESTEVEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)