## P31000052433

(Re	questor's Name)	
(Ad	dress)	
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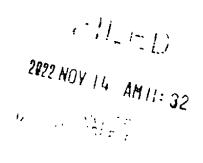
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Visit L	Listing Corp				
DOCUMENT NUMBER: P21000052					
The enclosed Articles of Amendment at	nd fee are submitted for filing.				
Please return all correspondence concer	ming this matter to the following	ng:			
Louana Oliveita					
	Name of Conta	act Person			
Avros Corporation	Avros Corporation				
-	Firm/ Com	npany			
806 Verona Stree	et, Suite 1				
	Address				
Kissimmee, FL 3	Kissimmee, FL 34741				
	City/ State and	Zip Code			
louana@avros.us	louana@ayros.us				
E-mail addre	ess: (to be used for future annu	ial report notification)			
For further information concerning this	matter, please call:				
Louana Oliveira	at (	5 905-6643			
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the following an	nount made payable to the Flor	rida Department of State:			
■ \$35 Filing Fee □\$43.75 Fil Certificate	<del>-</del>	y Certificate of Status			
Maiting Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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Articles of Amendment to Articles of Incorporation of



Visit Listing Corporation				
p21000052433	oi Corporation as currei	atly filed with the Florida Dept. of State)		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 60 its Articles of Incorporation:	7,1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendmen		
A. If amending name, enter the new i	name of the corporation:			
name must he distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp"  A professional corporation name must contain the word ."		
B. Enter new principal office address, if applicable:		3230 Whitefield Dr.		
Principal office address MUST BE A.		Apt 305		
		Kissimmee, FL 34747		
C. Enter new mailing address, if app (Mailing address MAY BE A POST	licable: OFFICE BOX)	3230 Whitefield Dr.		
		apt 305		
		Kissimmee, FL 34747		
). If amending the registered agent a new registered agent and/or the ne	nd/or registered office ad w registered office addres	dress in Florida, enter the name of the		
Name of New Registered Agent	Eduardo J Bissoli	<del>-</del>		
	(Florida street address)			
New Registered Office Address:	3230 Whitefield Dr. #305, Kissimmee Florida			
		(City) (Zip Code)		
ew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	t: with and accept the obligations of the position.		
<del></del>	170			
	Signature of New I	Registered Agent, if changing		
heck if applicable				

 $\square$  The amendment(s) is/arc 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 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 = Chairman or Clerk; CEO

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. The 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 Cha Mike Jones. V as Remove, and Sally Smith, SV as an Add. Example:

X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	VP.S	Vitor P Loveni	806 Verona Street, Ste 1		
			Kissimmee, FL 34741		
X Remove					
2) Change	T,2	Eduardo J Bissoli	3230 Whitefield Dr. #305		
X Add			Kissimmee, FL 34747		
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
ර) Change		<del></del>			
Add					
Remove					

f amending or adding additional Arts Attach additional sheets, if necessary).	(Be specific)
NIF	
- 4	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
7-7-1	
<u> </u>	

The date of each amendment(s) ado date this document was signed.	ption:			, if other tha
Effective date if applicable:	(no more	than 90 days after amendi	mant file data)	
	(no more	than 40 days after amenai	ment file date)	
Note: If the date inserted in this blocdocument's effective date on the Department	ck does not meet the artment of State's rec	applicable statutory filing ords.	g requirements, this date w	rill not be listed a
Adoption of Amendment(s)	( <u>CHECK ONE</u>			
The amendment(s) was/were adopt action was not required.	ed by the incorporate	ors, or board of directors w	rithout shareholder action a	nd shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		rs. The number of votes ca	ast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholde ch voting group entit	ers through voting groups. iled to vote separately on t	The following statement he amendment(s):	
"The number of votes cast for	the amendment(s) w	vas/were sufficient for app	roval	
by	(voting group)		<u> </u>	
	(voting group)			
Dated	09/1000			
Signature				
selected, l	tior, president or other by an incorporator—i fiduciary by that fidu	officer \ if directors of c f in the hands of a receiver aciary)	officers have not been r, trustee, or other court	
Ec	luardo J. Bissoli	7		
	(Typed or pr	inted name of person sign	ing)	
Pr	esident			
	(Title of pers	son signing)		

а