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HALLAHASSEE, FL

•	<u>COVER LETTER</u>				
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: VP	FENIX INC				
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this matter to the following: Name of Contact Person Truckers Firm/ Company Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person	at (813) 400 51 9 9 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	& □\$43.75 Filing Fee & □\$52.50 Filing Fee				

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment

to

Articles of Incorporation	
VR Fenix Inc	
(Name of Corporation as currently filed with the	Florida Dept. of State)
12/cccol(13+)	
(Document Number of Corporation (i	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> Cits Articles of Incorporation:	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "i "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional c "chartered," "professional association," or the abbreviation "P.A."	ncorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida,	enter the name of the CC
new registered agent and/or the new registered office address:	enter the name of the SS G F.
Name of New Registered Agent	FATE
(Florida street address)	
New Registered Office Address: (City)	, Florida (Zip Code)
(Crity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept	the obligations of the position
: негену ассерстве арронитенсах гезімегеа адені.— і ат затинат мин ана ассерс	те олидииоть ој те ромион.
Signature of New Registered 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)

Remove

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.

X Change	<u> P.L.</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1)	Title	Name Victor M. Podriguez	Address 514 Encel Dr Olando Pl 3280'
Add		Velazguez	
2) Change Add			
Remove 3) Remove		_	
Add Remove 4) Change			
Add			
5) Change Add			
Remove 6) Change			
Add			

Attach additional sheets, if necessary).	ticles, enter change (Be specific)			
				
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f an amandment provides for an eve	hanga raclassifica	tion or concellatio	n of icenad charge	
f an amendment provides for an exc provisions for implementing the am	endment if not con	tained in the amen	dment itself:	
(if not applicable, indicate N/A)				
<u> </u>			·-	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendmen	(file date)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast if by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the content of the c	ne following statement imendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	
(voting group)	
Signature Water M. Hardrines Val	Myroz
(By a director, president or other officer - if directors or officer selected, by an incorporator - if in the hands of a receiver, to	
appointed fiduciary by that fiduciary) (Typed or printed name of person signing	Jelaz (NEZ
Diesident	

(Title of person signing)