P22 000035569

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORATION: VENILABS CO	NSULTING INC		
DOCUMENT	NUMBER: P22000035569			
	rticles of Amendment and fee are	submitted for filing,		
Please return al	I correspondence concerning this is	natter to the following:		
	LUISA BONILLA			
		Name of Contact Perso	n	
	VENILABS CONSULTIN	G INC		
	Firm/ Company			
	1743 BANKS RD			
		Address		
	MARGATE, FL 33063			
		City/ State and Zip Cod	e	
	LUISA@VENILABS.CON	NSULTING		
	E-mail address: (to be	used for future annual report	notification)	
For further info	rmation concerning this matter, plo	ease call:		
LUISA BONIL	LA	at (2542372	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a cl	neck for the following amount mad	de payable to the Florida Dep	artment of State:	
S35 Filing	Fee □\$43.75 Filing Fee & Certificate of Status	_	□\$52.50 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	Amen Division The C 2415	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment Articles of Incorporation of

FILED 2022 HAY 31 PH 12: 07

VENILABS CONSULTING INC

VENILABS CONSULTING INC	SECRETARY OF A W
(Name of Corporation as current	tly filed with the Florida Depteuf State (CSSEF, 1)
P22000035569	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	dem. in Florida, autor the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
The transfer of the second of	
(Florida si	treet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>C:</u> with and accent the obligations of the position
тистену ассерстве арринитен из гезіметси изені. Тит затишаг	with that accept the ornigations of the position.
Signature of New I	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)

Example:

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>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	LUISA BONILLA	5435 NW 121ST AVE
X Add			CORAL SPRINGS, FL 33076
Remove			
2) X Change	T	ESPERANZA CRUZ	10163 SERENE MEADOW DR N
Add			BOCA RATON , FL 33428
Remove 3) X Change	<u>S</u>	YINNA RODRIGUEZ	8920 NW 38TH DR
Add			CORAL SPRINGS, FL 33065
Remove			
4) Change			4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additions Attach <i>additional sheets, if necess</i>	ary). (Be specific)			
			•	
			- ·	_
			+-	
		<u> </u>		
		· · ·		
			•	
If an amendment provides for a	n exchange, reclassificati	on, or cancellation of	issued shares.	
provisions for implementing th	e amendment if not cont	ained in the amendme	ent itself:	
provisions for implementing th (if not applicable, indicate N	7A)		_	
		<u></u>		
			* -	
				_
	·····			
				
•				

•

	05/25/2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	5/25/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	थार
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
05/25/20 Dated Signature	Parille	
selec	a director, president exother officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other cour pinted fiduciary by that fiduciary)	т
	LUISA BONILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	