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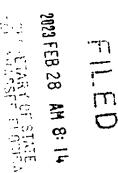
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A. RAMSEY MAY 12 2023

COVER LETTER

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Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed) (Additional Copy is enclosed)	TO: Amendment Sect Division of Corpo			₫	
Please return all correspondence concerning this matter to the following: DSICI Calviac Name of Contact Person	NAME OF CORPOR	RATION: VRDUS	CORP		-
Please return all correspondence concerning this matter to the following: DSICI Calviac	DOCUMENT NUME	BER: <u>P22000037</u>	345		-
Dsiri Calviac Name of Contact Person	The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
City/ State and Zip Code Code City/ State and Zip Code Code City/ State and Zip Code Code	Please return all corres	spondence concerning this ma	tter to the following:		
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City/ State and Zip Code Code City/ State and Zip Code Code City/ State and Zip Code Code		<u> </u>	Name of Contact Perso	n	
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E-mail address: (to be used for fixure annual report notification) For further information concerning this matter, please call: Dsiri Calviac		Coral (ables, FL 3 City/State and Zip Cod	<u>3146 </u>	
Dsir1 Calviac Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc		E-mail address: (to be us	Scovo. Com sed for future annual report	notification)	-
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc	For further information	n concerning this matter, plea	se call:		
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc	Osiri Cal	viac	at (786) 299-3805	
Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address	Name o	of Contact Person	Area Co	de & Daytime Telephone Nu	
Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) Certificate of Status (Additional Copy is Certified Copy enclosed) Mailing Address Street Address	Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	9023 F
	☐ \$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	28 7
		ling Address		Address	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

VRDUS CORP	led with the Florida Dept. of State): 574
(Name of Corporation as currently fi	led with the Florida Dept. of State) : 57465
P220000 37345	APPROCESTATE
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida 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," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	pany." or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	achtress
New Registered Office Address: (Ci	Florida
(G)	yy (zap cours)
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.
\mathcal{N}/\mathcal{A}	
Signature of New Regi.	stered 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)

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 Doc 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	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	VD_	Fabio Fernandez	4649 Pance De Leon Blid, Svite 900
Add			Coral Gables, 77 33146
Remove			
2) Change	VD	Osiri Calviac	4649 Ance De Lon Blid
_ X _ Add			Suite 400 Coral bables fl 3346
Remove Change	5	Surelyc Cruz	4149 Ponce De leon Bud
X Add		•	Coral Gables FI 33146
Remove			Surfe 400
4) Khange	VD_	Jose VIDAL	4649 Ponce De Leon Blud
Add			Suif 400
Remove			Coral Gables FL 3346
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

amending o	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
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an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself:	
(if not app	plicable, indicate N/A)	
- 		
	$\overline{}$	-11:

Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):
	amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
selected, by an	president of other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court
appointed tidu	ciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Director
	(Title of person signing)