## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931

Fax Number : (954)842-2936

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VG TILE CONSTRUCTION, CORP.

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Corporate Filing Menu

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J DERNIS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: VG TILE CONST	RUCTION, CORP.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	VALERI GAVRILUTA		
-		Name of Contact Perso	n
	DREAM WAY NEXG, COF		••
-	<u></u>	Firm/ Company	
	541 BLUE HERON DR. 102	?	
-		Address	
_	HALLANDALE, FL 33009		
		City/ State and Zip Cod	e
	VGAVRILUTA2018@GNIA	JL.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VALERI GAVRILUT.	<del></del>	at ( 954	696-4370
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Dívisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of



VG TILE CONSTRUCTION, CORP.

P22000042032	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the co DREAM WAY NEXG, CORP.	
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	The new prporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
Enter new principal office address, if applicables Principal office address <u>MUST BE A STREET ADD</u>	
	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u> )
. If amending the registered agent and/or registen	red office address in Florids, enter the name of the
new registered agent and/or the new registered of	office address:
THE PERSON OF TH	
Name of New Registered Agent	
	(Florida street address)
	(Florida street address)

☐ 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:

<u>X</u> Change	FI	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			-
Add			
Remove			
2) Change		<del></del>	
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add			
Кетюче			
f) Change			
Add			
Remove			

	unonal sheets, if neces	ssary). (Be specific)			
	-	· · · · · · · · · · · · · · · · · · ·	<del></del>		
			<del></del>		
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	<u>_</u>				
		***			
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				•	
		_ <del></del> _			
				<del></del>	
F. If an ameno	dment provides for a	n exchange, reclassifi	cation, or cancellation	of issued shares.	
	for implementing th	te amendment if not co	ontained in the amend	nent itself:	
provisions	applicable, indicate N	I/A)			
provisions					
provisions					
provisions			<u> </u>		
provisions					

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The date of eadate this document	ach amendment(s) adoption:, if other ment was signed.	er than the
	e <u>([ applicable</u> :	
	(no more than 90 days after amendment file date)	_
Note: If the didocument's eff	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records.	sted as the
Adoption of A	Amendment(s) (CHECK ONE)	
The amendraction was r	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold not required.	ler
☐ The amendr by the share	ment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) eholders was/were sufficient for approval.	
musi oe sep	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	
	number of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	04/10/2024 Dated	
	Signature Valeri Gavrilida	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	GAVRILUTA, VALERI	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	,