## 0049502

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## **COVER LETTER**

COVERLETTER					
TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: World Venture Capital Inc					
DOCUMENT NUMBER: <u>P2200049502</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ashley Nguyen Name of Gonact Person World Venture (Apidal Inc					
Firm/Company  34306 U.S. Highway 19 North  Address  Palm Haybor FL 34684  City/State and Zip Code					
City/ State and Zip Code  5 mo Ke 70ne 22 @ yahoo. Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
A5hley Usuyen at 727, 262-0248  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:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

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	Articles of An	nendment			
	Articles of Inco	orporation		197	785
<b>X</b> (1 ) 1	of -			F	~ <u>~</u>
		pital Inc		五.	1
<u> </u>		filed with the Florida De	pt. of State)	555	72
Y2200001	49502			بنيارة.	- PA
(Docu	ment Number of	Corporation (if known)		0.7	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation;	a Statutes, this F	lorida Profit Corporation	idopts the following	amendine	ñi(s) to
A. If amending name, enter the new name of the c	corporation:				
name must be distinguishable and contain the word "c". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD).	," or "Co". A reviation "P.A." le:		" or the abbreviation name must contain	the word	North
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>'2X</u> ')		10V FL 5		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ess in Florida, enter the na	ime of the		
Name of New Registered Agent					
<del></del>	(Florida stre	et address)			
New Registered Office Address:			_, Florida		
	(1)	City)	(Zip Ce	rde)	
New Registered Agent's Signature, if changing Re	aistered Agent				
hereby accept the appointment as registered agent.		ith and accept the obligation	ns of the position.		
	-		• •		

Signature of New Registered Agent, if changing

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 = ChiefExecutive 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:			
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)  1) Change	P	Ashley Nguyen	7780 75th way N Pinellas Park FL3318
Add Remove Change	P	Kevin CAO	7780 75th way N Pinellas Park FL 33781
Add Remove Change Add			
Remove Change Add			
Remove			
Add			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	<del>,</del>
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: too more than 90 days after amendment file dates	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I 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 shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	2022 FÀLL
"The number of votes cast for the amendment(s) was/were sufficient for approval	2022 JUL 22 PH TÄLLAHÄSSEE, F
by	22 PM
Dated 7/18/2022	H 1: 01 STAIL FLORIDA
Signature  (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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
$\mathcal{P}$	
(Title of person signing)	