

AP

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: US 4 padel Corp
DOCUMENT NUMBER: P22 00009 0021

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelica Campomares
Name of Contact Person

125 N Birch rd 401
Firm/ Company
Address

Fort Lauderdale, FL 33304
City/ State and Zip Code

angelicacampomares1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica Campomares at (757) 761 7775
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:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

US 4 Padel Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

P22 000090021

(Document Number of Corporation (if known))

FILED

2024 JUL 24 AM 3:

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

6/17/2024

V World Investments Corp The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1) <input type="checkbox"/> Change	<input type="checkbox"/>	<u>N/A</u>	<input type="checkbox"/>
<input type="checkbox"/> Add	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Remove	<input type="checkbox"/>		<input type="checkbox"/>
2) <input type="checkbox"/> Change	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Add	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Remove	<input type="checkbox"/>		<input type="checkbox"/>
3) <input type="checkbox"/> Change	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Add	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Remove	<input type="checkbox"/>		<input type="checkbox"/>
4) <input type="checkbox"/> Change	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Add	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Remove	<input type="checkbox"/>		<input type="checkbox"/>
5) <input type="checkbox"/> Change	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Add	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Remove	<input type="checkbox"/>		<input type="checkbox"/>
6) <input type="checkbox"/> Change	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Add	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Remove	<input type="checkbox"/>		<input type="checkbox"/>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

~~N/A~~

~~I would like to change it to a PZS-Corporation.~~

~~U World Investments Corp.~~

I will be consulting on different projects
around The world.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 2/27/24

Signature Angelica
(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)

Angelica Campananes
(Typed or printed name of person signing)

officer / Director
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2024

ANGELICA CAMPOMANES
125 N BIRCH RD 401
FORT LAUDERDALE, FL 33304

SUBJECT: US4PADEL CORP
Ref. Number: P22000090021

We have received your document for US4PADEL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot have the S-Corp status at the end your new amending name.

Oh, just remove it. Thank you!

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 624A00006715

Rec 4/26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2024

ANGELICA CAMPOMANES
125 N BIRCH RD 401
FORT LAUDERDALE, FL 33304

SUBJECT: US4PADEL CORP
Ref. Number: P22000090021

We have received your document for US4PADEL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You failed to make the correction(s) requested in our previous letter.

**I added Corp to the name.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Thank you!

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 024A00010281

