Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

(((H24000126155 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone

: (305)444-4994

Fax Number

: (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

 Address:			
 AUDITESS:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN VD GROUP CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

100

## Articles of Amendment to Articles of Incorporation of

2024 APR -5 AM	
- 5957 AM 9.	١_
 18 50 Sy.	2

VD Group Corp			9030	205.
(Name of Corpor	ation as currentl	y filed with the Florida Dept. o	f State)	17.
23000012352				
(Doc	cument Number o	f Corporation (if known)		
rursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this .	Florida Profit Corporation adop	ts the following amendn	nent(s) to
. If amending name, enter the new name of the	e corporation;			
ame must be distinguishable and contain the word	"comparation " "	company "or "incompand" or	the abbreviation "Corn	
Unc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abl	nc," or "Co". A	professional corporation nam		
3. Enter new principal office address, if applicat	hlas	NA		
Principal office address MUST BE A STREET A				•
				•
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	NA		
				,
. If amending the registered agent and/or regis			of the	
new registered agent and/or the new registere	ed office address	Ĺ		
Name of New Registered Agent NA			<del></del>	
	(Florida stre	set address)		
New Registered Office Address:		, F	lorida	_
		(City)	lorida(Zip Code)	
Company of the control of the contro				
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent			f the position.	
,	_			
	. 417 -			
Sig	gnature of New Re	egistered Agent, if changing		
Check if applicable				
The amendment(s) is/are being filed pursuant to	a. 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:

X Change	<u>PT</u>	<u>John Doe</u>				
X Remove V		Mike Jones				
_X Add SY		Sally Smith .				
Type of Action (Check One)	Title	Name	Address			
1) Change	VP	Vizquel, Omar	15600 SW 127 Ave Suite 107			
X Add			Miami FL 33177			
Remove						
2) X Change	<u>s</u>	Parra, David	15600 SW 127 Ave Suite 107			
Add			Miaml FL 33177			
Remove 3) Change						
Add			The second secon			
Remove						
4) Change			•			
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		<del></del>				
Add						
Remove						

To: , Page: 5 of 6

2024-04-05 19:28:08 GMT

13053284774

From: Yanet Avila

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 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)

To:

The date of each amendment(s) adoption	04/03/2024 -	8/11/23		. if other than the
date this document was signed.	l			, it outer that the
Effective date if applicable:				
	(no more the	an 90 days after amendr	nenı file date)	
Note: If the date inserted in this block do document's effective date on the Department			g requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were adopted by action was not required.	the incorporators,	, or board of directors w	ithout shareholder action and sl	nareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		The number of votes ca	ast for the amendment(s)	
The amendment(s) was/were approved by must be separately provided for each vo				
'The number of votes cast for the	amendment(s) was	s/were sufficient for app	roval	
by			,n	
	(voting group)			
04/03/2024				
Dated		<del></del>		
Signature				
(By a director, selected, by an		officer - if directors or on the hands of a receive iary)		•
Veronie	ca Gravina			
	(Typed or prin	ted name of person sign	ing)	
Preside	nt			
	(Title of person	n signing)		<del></del>