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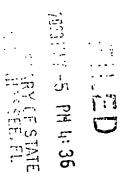
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R. HUNT 05/05/23

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: VANGAURD OYNT CORP DOCUMENT NUMBER: 723 0000 3070/					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Firm/ Company 1505 FORT CLARKE BLVD. #8/08 Address GAINES VILLE FL. 32606 City/ State and Zip Code VANGUARD DINIT CORP BGMAIL - COM E-mail address. (to be used for future annual report notification)					
E-mail address. (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DIANA FERTA at 786, 773-8371 Name of Contact Person Area Code & Daytime Telephone Number					
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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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

(Name of Corporation as currently filed with the Florida Dept. of State) 100

VANGUAT.

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

P23000030701	36 FL				
(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation: A name must be distinguishable and contain the word "corporation," "co	Thenew				
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1505 FORT CLARKE BLV #8108				
	GATNESVILLE, FL. 3260				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1505 FORT CLARKE BLV 48108				
	GAINESVILLE FL. 3260				
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	FETZIA				
505 F	ORT CLARKE BLVD. #810 ver address)				
New Registered Office Address: 6AINES					
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I amfamiliar w	ith and accept the obligations of the position.				
Mart					
Signature of New Re	egistered 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 = 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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>!</u>		<u>Addres</u> s
1) X Change	V	ME	LISS/	D.DIEO	N 1505 FORT CLARKE BLVI
Add					#8/08
Remove					GIEVEZ VIZLE, FL. 32606
2) Change	\mathcal{P}		INA	FERIA	$\alpha = \alpha = \alpha = 0.1$
_ X _ Add					#8108
Remove 3) Change					GATNESVILLE FL. 3240
Add					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PURSUENT TO ARTICLE NUMBER
FOUR OF THE ARTICLES OF INCORPORTION
FOR VANGUARD BUNI CORP, THE TOTAL
NUMBER OF SHARES BEING 100 (ONE
HUNDRED), SHOULD BE DISTRIBUTED
IN THE FOLLOWING WINNER:
IN THE FOLLOWING WANNER: 51 (FIFTY ONE) SHARES TO DIANA FERIA AND 49 (FORTYNINE) SHARES TO HELISSA D. DIGON
DIANA FERIA AND 49 (FORTYNINE)
SHARES TO HELTSSA D. DIGON
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)

The date of each amendment(s) ad-	option:	NA	, if other than the
date this document was signed.		, /	
Effective date <u>if applicable</u> :	(no more	e than 90 days after amendmen	ı file date)
Note: If the date inserted in this blo document's effective date on the Dep			quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E)</u>	
The amendment(s) was/were adopt action was not required.	nted by the incorporat	tors, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		lers. The number of votes east	for the amendment(s)
☐ The amendment(s) was/were appromust he separately provided for e	oved by the sharehol each voting group ent	lders through voting groups. The titled to vote separately on the	he following statement amendment(s):
"The number of votes cast f	or the amendment(s)	was/were sufficient for approv	ral
by	NA		
Dated	(voting group)	/ 2023	
Signature	Hellie		
selected		ther officer – if directors or off – if in the hands of a receiver, t iduciary)	
	MELI	550 D. D.	I GON
•		printed name of person signing	2)
	PR	PESIDENT	
•	(Title of p	erson signing)	