## P23000031363

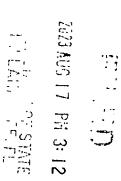
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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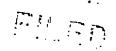


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## COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: VIDA	X FE CURPURATION 3000031363			
DOCUMENT NUMBER: P230000 31 363				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
<i>YA</i>	Y LEGRA  Name of Contact Person			
	Name of Contact Person			
<del> </del>	Firm/ Company			
<u>41</u> W	31 ST #4			
u. Nic	Address  AH FL 330/2  City/ State and Zip Code			
	City/ State and Zip Code			
	RATOTRAC 3 @ GMAIL. Com sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
YAY LEGRA	at ( 786 ) 793 - 1596			
Name of Contact (Cison	Area code de Dayume Perepinate Number			
Enclosed is a check for the following amount made				
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 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



(Name of Corporation as currently filed	754-
	with the Florida Dent of State) Pil 3: 12
	oration (if known) The The STATE
resuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	a Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," "compar nc.," or Co.," or the designation "Corp," "Inc." or "Co". A profe chartered," "professional association," or the abbreviation "P.A."	ny," or "incorporated" or the abbreviation "Corp.," essional corporation name must contain the word
Enter new principal office address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS )	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
<del></del>	
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	
(Florida street addr	2881
New Registered Office Address:	
NPW REGISTERED UNIO Addrass	Florida
(City)	(Zip Code)

Check if applicable

☐ 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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ELVIS QUESADA	
Add			
Remove			
2) Change			
Add			
Remove Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	ets, if necessary),	ticles, enter chang (Be specific)				
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an amendment pro	vides for an exch	nange, reclassifica	tion, or cancella	tion of issued sha	ares,	
orovisions for implem (if not applicable,	indicate N/A)	mament ii not cor	itained in the am	endment itself;		
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The date of each amendment(s) ad	loption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note</b> : If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without shareholder	raction and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amenda flicient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stoeach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	1/9/23	
Signature //	101 1. Ga )	
(By a dir	rector, president or other officer - if directors or officers have not be	been
	I/by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that IIduciary)	court
-	(Typed or printed name of person signing)	<del> </del>
	(Typed or frinted name of person signing)	
_	VP	
	(Title of person signing)	

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