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COVER LETTER

TO: Amendment Section Division of Corporations

or connection	RATION: Vas Pressure Bee's Co	rp	
NAME OF CORPO DOCUMENT NUM	BER: P23000041870		
	s of Amendment and fee are subm	itted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Sophia Blakely	D	
		Name of Contact Person	
	Vas Pressure Bees Corp		
		Firm/ Company	
	1006 Lake Ave		
		Address	
	Lehigh Acres, Fl 33972		
		City/ State and Zip Code	
	asofon4@gmail.com		
	E-mail address: (to be use	d for future annual report i	notification)
For further informa	ation concerning this matter, please		
Sophia Blakely		at (813	de & Daytime Telephone Number
	me of Contact Person	Area Coo	le & Daytime Telephone Number
	k for the following amount made p	payable to the Florida Depa	artment of State:
S35 Filling Fe	e \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Amen Divisi The C 2415	Address diment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation

with the Florida Dept. of State) oration (if known) a Profit Corporation adopts the following." or "incorporated" or the abbrevia fessional corporation name must contollook Lake Ave	The new
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address)	
Florida	er C. Lu
(iy)	(Zip Code)
	1447 Fort Myers, Fl. US 33905 In Florida, enter the name of the address)

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.

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.

MIKE JOHES, V. Co. P.C.	•	•		
Example: X Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jon	<u>es</u>	
X Add	<u>\$V</u>	Sally Sm	<u>ith</u>	
Type of Action	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
(Check One) 1) N/A Change			N/A	
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Remove				
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____, if other than the N/A The date of each amendment(s) adoption: _ date this document was signed. N/Λ 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. (CHECK ONE) Adoption of Amendment(s) ■ 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 N/A (voting group) Dated 06/20/2-23 (By a director, president of 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) Sophia R Blakely (Typed or printed name of person signing) President

(Title of person signing)