Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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.

(((H24000409460 3)))



H240004094603ABCS

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 : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193

: (407)552-7903

Fax Number

: (407)449-2348

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

		7	Address:	
► m	21	•	nnnrocc	

COR AMND/RESTATE/CORRECT OR O/D RESIGN VL EMPREENDIMENTOS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



2024 DEC 12 PM 1:01

COVER LETTER

IO: Amendment Section	
Division of Corporation	1

NAME OF CORPO	ORATION: VL EMPREENDE	MENTOS CORP		
DOCUMENT NUM	IBER: P24000026351			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	CLAUDIA LIMA			
		Name of Contact Person	on	
	CLAUDIA LIMA TAX & A	CCOUNTING LLC		
		Firm/ Company		S
	9100 CONROY WINDERM	ERE RD STE 200 OFFIC	E 241	, ਜ਼ੌਜ
		Address		下出
	WINDERMERE, FL 34786			AH
		City/ State and Zip Co	de	CRETARY OF STATE FALLAHASSEE, FL
	INFO@CLAUDIALIMATA	X.COM		
	E-mail address: (to be us	sed for future annual repor	rt notification)	ZZ.
				, 4
For further informati	on concerning this matter, plea	se call:		
CLAUDIA LIMA		at (407	552-7903	
Namo	of Contact Person		ode & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Dep	partment of State:	
☐ S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Amen Divisi The C 2415	t Address Idment Section Ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

≅ +14074492348	 ' <u>€</u> 3/8	2 12.12.2024	11:13:40

Articles of Amendment to Articles of Incorporation of

VL EMPREENDIMENTOS CORP	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P24000026351	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation;	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A professional corporation name must contain the word
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	treet 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	
Signature of New F	Registered Agent, if changing

Check if applicable

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

Example:

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:

 \odot

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)	<u>Title</u>	<u>Name</u>	2	<u>Addres</u> s		
1) Change	VP	LUA	NA G FERNANDES	7101 SAND LAKE RES	ERVE	
Add				APT 1409		
X Remove				ORLANDO, FL 32809	S	20:
2) Change					CRE	2024 DFC
Add						つ こ
Remove Change					VSSEE VY OF S	
Add					- STA - C	Э
Remove					<u> </u>	•
4) Change		_	·		<u>_</u>	
Add						
Remove					 -	
5) Change						
Add						
Remove						
б) Change						
Add						
Remove						

(Attach additional sheets, if necessary). (Be specific)			
	<u>.</u>		
	SEC TA	202	
	A PRE	4 DE	•
<u> </u>		2024 DEC 12	
	MRY OF STATE	~ ~	: [7
<u> </u>		-	-
	TATI FL	10:	- 111
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<i>[</i> ₹]		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
			
	 		

<u>5/8</u> <u>212.12.2024 11:14:28</u>

1

FAX

2 +14074492348

The date of each amendment(s) date this document was signed.	adoption:	, if oth	er than	the
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be li	isted as	the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and sharehol	der	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes can	st for the amendment(s) was/were sufficient for approval			
by	(voting group)	S	~>	
	(voting group)	TA TA	024	
	BER 11TH 2024	RETAR	2024 DEC 12	
Signature Vocanas	2001.de 2004.100.11, 2024.17 04.557:	ASSE AO AR		
(By a select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	ECRETARY OF STATE	PM 1: 01	U
	VINNICIUS R CARDOSO DA COASTA	, , ,		
	(Typed or printed name of person signing)		_	
	PRESIDENT			
	(Title of person signing)		_	