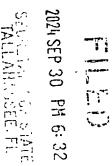
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COVER LETTER

TO: Amendment Section Corporations

NAME OF CORPOR	ATION: VS MIAMI GROU	JP INC	
DOCUMENT NUMB	ER: P24000053170		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SNIZHANA PADALKO		
-		Name of Contact Person	1
-		Firm/ Company	
	3800 S OCEAN DR STE 210	6	
-		Address	
	HOLLYWOOD, FL		
-		City/ State and Zip Code	
	INFO@CORONATAXUSA	.СОМ	
-	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		444 2000
SNIZHANA PADALKO		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation of

VS MIAMI GROUP INC			
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State	
P24000053170		2024 SEP 30 - PH 6: 32	
	(Document Number of	Corporation (it known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	SECILITION adopts the following amondment(s)	
A. If amending name, enter the new n	ame of the corporation:		
		The new	
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17885 COLLINS AVE APT 702	
		SUNNY ISLES BEACH, FL 33160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17885 COLLINS AVE APT 702	
		SUNNY ISLES BEACH, FL 33160	
D. If amending the registered agent ar new registered agent and/or the ne			
Name of New Registered Agent SNIZHANA PADALKO			
	2661 S COURSE DR APT	209	
	(Florida stre	et address)	
New Registered Office Address:	POMPANO BEACH	33069 , Florida	
	((Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
		ith and accept the obligations of the position.	
	1/1/1		
	(////		
	Simuture of New Re	voistered Agent if changing	

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	<u>PT</u> <u>Je</u>	ohn Doc	
X Remove	<u>V</u> <u>v</u>	<u>tike Jones</u>	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	VALENTYNA RETIVOVA	17885 COLLINS AVE APT 702
Add	··········		SUNNY ISLES BEACH, FL 33160
Remove			
2) X Change	VP. S	SNIZHANA PADALKO	2661 S COURSE DR APT 209
Add			POMPANO BEACH, FL 33069
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

xuacii <i>aaaiii</i>	onal sheets, if necess	ary). (Be specific)			
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f an amend	ment provides for ar	ı exchange, reclassi	fication, or cancell	lation of issued sha	res
provisions f	or implementing the	e amendment if not	contained in the a	mendment itself:	
(if not a	pplicable, indicate N	(4)			
					
			· ···		

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bloocument's effective date on the Dep	ock does not meet the applicable statutory filing requirertment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted action was not required.	sted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	he amendment(s)
	oved by the shareholders through voting groups. The fouch voting group entitled to vote separately on the ame	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
, 	(voting group)	
Dated	25,24	
(By a dir selected	ector, president of other officer – if directors or officers by an incorporator – if in the hands of a receiver, truste d fiduciary by that fiduciary)	e, or other court
-	(Typed or printed name of person signing)	ola lko
_	VP	
	(Title of person signing)	