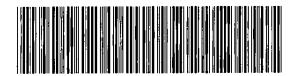
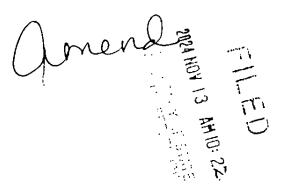
## P24000064067

(Re	equestor's Name)	
(Ad	idress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	

Office Use Only



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2024 HOV 13 PH 3: 48

A. RAMSEY

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE11/13/20:	<u>24                                    </u>
ENTITY NAME Vic	ky Bakery XX INC
DOCUMENT NUM	BER
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting;
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTI	
NUMBER OF CERTIF	FICATES REQUESTED
TOTAL OWED \$35	ACCOUNT # 120160000072 (2): ( )
Please call Tina i	at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: VICKY BAKERY	' XX INC	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	THOMAS G. SHERMAN		
		Name of Contact Person	n
	THOMAS G. SHERMAN, P	P.A.	
		Firm/ Company	
	90 ALMERIA AVENUE	Firm Company	
	Address		
	CORAL GABLES, FL 3313	4	
		City/ State and Zip Cod	٠
	Alex@vickybakery.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call;	
THOMAS G. SHERM	1AN	305	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State;
\$35 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)
Am Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

25: 301 MM 13 AM 10: 22

VICKY BAKERY XX, INC.	5054 HOA 12
(Name of Corporation a P24000064067	is coverently filed with the Florida Dept. of State) of Association (Section 2018)
	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation "Corp.," - "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	
-24	
Signature	of New Registered Agent, if changing

Check if applicable

 $<sup>\</sup>square$  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 officeralizector 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.

Example: 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	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	FERNANDO ORAMAS	15930 DORNOCH ROUND
Add			MIAMI LAKES, FL 33014
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f 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)	Attach additional sheets, if necessary). (Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:				
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(if not applicable, indicate N/A)	provisions for implementing the amendment if not of	contained in the an	nendment itself:	<u>'-</u>
	(if not applicable, indicate N/A)			
				****

Docusign Envelope 32: 9B2E535B-88EB-4932-B028-36A4165EDC85

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90) days after amo	endment file date)
Note: If the date inserted in this document's effective date on the		iling requirements, this date will not be listed 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 director	rs without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vote sufficient for approval.	es east for the amendment(s)
	pproved by the shareholders through voting grown each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient for	approvat
by		
	(voting group)	
NOVEM Dated	BER 13, 2024	
Signature	Alyandro Santiago	
selec	director, president or other officer – if directors ted, by an incorporator – if in the hands of a receinted fiduciary by that fiduciary)	or officers have not been river, trustee, or other court
	ALEJANDRO SANTIAGO	
	(Typed or printed name of person :	signing)
	PRESIDENT	
	(Title of person signing)	