

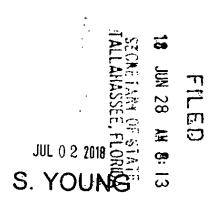
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(ON) October 19	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VGN	M International Inc.			
DOCUMENT NUMBER: P950000	71231			
The enclosed Articles of Amendment		ing.		
Please return all correspondence conc	erning this matter to the follo	owing:		
Jacob Gitman				
	Name of C	ontact Person		
	Firm/ (Company		
IIII Kane Cor	neourse, Suite 518			
	Address			
Bay Harbor Isl	ands, FL 33154			
	City/ State	and Zip Code		
jacob@vgintel.com				
E-mail add	dress: (to be used for future a	nnual report no	tification)	
For further information concerning th	is matter, please call:			
Jacob Gitman	at o	305	867-1228	
Name of Contact Person	on	Area Code	& Daytime Telephone Number	
Enclosed is a check for the following	amount made payable to the	Florida Departi	ment of State:	
	Filing Fee & S43.75 Finds of Status (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Division of Clifton B	ent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VGM International Inc.		
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P95000071231		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the t	ollowing amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corpor" (Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered." "professional association," or the abbreviat	or "Co". A professional corporation nam	r the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 JUN 28
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent		M 8: 13 EE FLORIDA
		
tFlore	da street address)	
New Registered Office Address:	. Florida	
HE MELMETTA CHILE HAME	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am family Signature of N	liar with and accept the obligations of the po	vsition.
Signature of N	ew Registered Agent, if changing	

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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>ŞV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Alisa Gitman	1111 Kane Concourse
Add			Suite 518
X Remove			Bay Harbor Islands, FL 33154
2) Change	D	Signet International Inc.	1111 Kane Concourse
X Add			Suite 518
Remove			Bay Harbor Islands, FL 33154
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	essary). (Be specific,)		
				
				<u> </u>
			<u> </u>	
		_		
				
			 _	
f an amendment provides for	an exchange, reclass	ification, or cancellati	ion of issued shares,	
provisions for implementing (if not applicable, indicate	the amendment if not	contained in the ame	endment itself:	
ty min appareame, manane				
				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
<u> </u>	
Effective date if applicable:	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as the ite's records.
Adoption of Amendment(s) (CHEC	CK ONE)
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes east for the amendment(s) toval.
	narcholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes east for the amenda	nent(s) was/were sufficient for approval
by	
(voting	(group)
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder
Dated 6/24/18	
5 4 -	
(By a director, preside	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court
Jacon	ped or printed name of person signing)
(Ty	ped or printed name of person signing)
	President
	(Title of person signing)