P98000 053 819

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nar	ne)		
(Dc	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

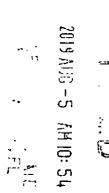




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R. VVHITE AUG 0 8 2019

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

1/: 1-	2012 610 - 5 4310 - 5	٠,
VISIONARY Destr	2013 AUG -5 AH 10: 5	, L ş
(Name of Oprporation as curr	rently filed with the Florida Dept. of State)	::
P980000525	819	
(Document Numb	per of Corporation (if known)	
fursuant to the provisions of section 607.1006, Florida Statutes. s Articles of Incorporation:	this Florida Profit Corporation adopts the following amen	dment(s) t
A. If amending name, enter the new name of the corporation	1 <u>:</u>	
VIIV		
AN LTS name must be distinguishable and contain the word "corpor	The ration " "company " or "incorporated" or the abbrevia	
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," (word "corp." "Inc," or the designation "Corp." "Inc," (word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain	
	MIA	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	1 <u>V / / / / / / / / / / / / / / / / / / /</u>	_
Tracqua affect university		
	 	
C. Enter new mailing address, if applicable:	N 11A	
(Mailing address MAY BE A POST OFFICE BOX)	NIH	
		
		_
D. If amending the registered agent and/or registered office:		
new registered agent and/or the new registered office add	iress:	
Name of New Registered Agent NIH		
	da street address)	
·	in sireer name coop	
New Registered Office Address:	Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ag		
hereby accept the appointment as registered agent. I am jamil	liar with and accept the obligations of the position.	

Signature of New 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.

Example:	DT L1			
X Change	<u>PT</u> <u>Johr</u>	<u>1 Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	DPS	Damon Becnel	15000 Emerald Coast	
Add			Destry R 32541	
2) Change Add	<u> P</u>	Christina Garger	15000 Emerald Chast Destin, FL 32541	
Remove 3) Change				
Add				
4) Change				
Remove				
5) Change Add				
Remove				
6) Change				
Remove				

(Attach additional sheets, if necessary). (Be specific)	
NH	
	
F. If 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)	
NA	
	
	

The date of each amendment(s) adoption: July 24, 2019	, if other than the
Effective date if applicable: July 24, 2019	
(nombre 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 document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated July 25, 2019 Signature	
(By a director, president or 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)	-
(Typed or printed name of person signing)	
(Title of person signing)	