P07000042883

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	· <u>-</u>
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Osmay 1	mayor Jenice	5 Doc	
DOCUMENT NUMBER:	7000042883		
The enclosed Articles of Amendment and fee are sub	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Ma	ilf Medin		
Osmay 11	Name of Contact Person	The:	
1692 Nul 8	Flrm/Company		
Dorof, P1.	33/26. City/ State and Zip Cod	e	
E-mail address: (to be us	ed for future annual report	notification)	
Haily Medira	ar (786	357-0457	
Name of Contact Person		de & Daytime Telephone Number	. , 5
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:	···•
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{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)	<u>ှ</u>
Mailing Address Amendment Section		Address Iment Section	
Division of Corporations		ment Section in of Corporations	
P.O. Box 6327	The C	entre of Tallahassee	
Tallahassee, FL 32314	2415 1	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Osing Trombort Sering Dro	•
(Name of Corporation as currently filed with	
Po7000042	273
(Document Number of Corporat	
Pursuant to the provisions of section 607.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "corp."	orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1692 NW 82 nd Ave Dorf F. 33126.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	308 F 62 nd St Hirland, Fl. 33013
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent:	Fledera 51
New Registered Office Address: (Flor	ida street address)
(City)	Holeach Florida 330/3 (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of Nov	. Parietarad August if alanging

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name 1 - 1 1 1	<u>Addres</u> s
t) Change	VP	Maibefreding	308 F 62nd ST
X Add		·	Waliah Ff 33013
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach additiona	idding additional Arti l sheets, if neccssary).	(Be specific)				
	 					
						
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provisions for i	t provides for an exch mplementing the ame	ndment if not cor	ntained in the a	mendment its	i snares. elf:	
(if not appli	cable, indicate N/A)					
						
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	option:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date wpartment of State's records.	fill not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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		
	(voting group)	
Dated Of	101/2022	
Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	
	rector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
appoint.	Osmany Frontsla Tombrana	
	(Typed or printed name of person signing)	
	Painder / Owner.	
	(Title of person signing)	