P16000) 15165

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: OSCAR ONO MIA	AMI, INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	DOUGLAS A FERRARINI		
	· ·	Name of Contact Persor	1
	OSCAR ONO MIAMI, INC		
		Firm/ Company	
	7610 NE 4TH CT, #11		
		Address	
	MIAMI FL 33138		
		City/ State and Zip Code	2
dougi	as@oscarono.fr		
<u></u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DOUGLAS A FERRA	ARINI	at (_) 515-6053
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Inc		
Oscar Ono Mian	ni Inc	
(Name of Cornoration as current		t. of State)
P16000015165		
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ac	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		-
name must be distinguishable and contain the word "corporatio" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corpore	The new prated" or the abbreviation attention the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address	<u>s:</u>	The second secon
Name of New Registered Agent Douglas F) 7610 NE 4- (Florida str	· terrating th Court, #11	ाह्य : 30
New Registered Office Address: Mibmi		, Florida 33138
The Manual All Shap Manual	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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.

Frample:

X Change	<u>PT</u>	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u></u>	Luciano M. DeMello	7610 NE 444 COURT
Remove			Miami F2 33138
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add	 .		
Remove 6) Change Add			
Remove			

	adding additiona al sheets, if necesse					
NIA						
<u> </u>						

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lf an amendm	ent provides for an	n exchange, rec	lassification, or cand not contained in the	cellation of issi	<u>ted shares.</u>	
	olicable, indicate N		not contained in the	e amenument i	tsen:	
			Jewsen Hi	שינו מי	Dwned	in the
//	,,,,,	1 / 2 4	orporations		<u> </u>	
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Dougl	as A.	Herroria	1 70%			
, ,	as A.	Mello	30%			
LULIAN						
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Lucian						
LUCIAN						

The date of each amendment(s) adoption date this document was signed.	. 02/16/2016	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	nes not meet the applicable statutory filing requirements, this dent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment for approval.	(s)
	by the shareholders through voting groups. The following statem of the group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 9/23/	2016	
Signature		
(By a director,	president or other officer - if directors or officers have not been	1
	n incorporator - if in the hands of a receiver, trustee, or other con	urt
appointed fidu	ciary by that fiduciary)	
•	DOUGLAS A FERRARINI	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	