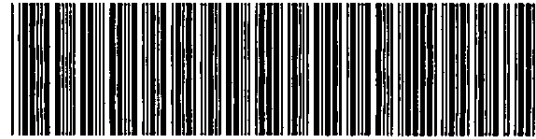


P16000030219



600291078486

10/11/16--01022--015 **35.00

FILED
DIVISION OF CORPORATIONS
16 OCT 31 PM 4:50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NOV 01 2016
C McNAIR

OCT 13 2016
C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2016

FERNANDO GUIJARRO
6740 NW 114 AVE #724
DORAL, FL 33178

SUBJECT: OMEGA PACKAGING INDUSTRIES CORP
Ref. Number: P16000030219

FILED
DIVISION OF CORPORATIONS
16 OCT 31 PM 4:50

We have received your document for OMEGA PACKAGING INDUSTRIES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 216A00022096

RECEIVED
16 OCT 31 PM 2:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PALM BEACH, FLORIDA

COVER LETTER

SECRET FILED
DIVISION OF CORPORATIONS
16 OCT 31 PM 4:50

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Omega Packaging Industries Corp.
DOCUMENT NUMBER: P16000030219

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fernando Guizarro
Name of Contact Person

Firm/ Company

6740 NW 114 Av # 724
Address

Doral, Florida 33178
City/ State and Zip Code

info.opindustries@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Guizarro at (786) 2128985
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Omega Packaging Industries Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000030219

(Document Number of Corporation (if known))

DIVISION OF CORPORATIONS
16 OCT 2014 4:50 PM

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

6740 NW 114 Ave
724
Doral, FL 33178

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

6740 NW 114 Ave
724
Doral, FL 33178

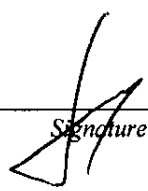
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Fernando Guizarro
6740 NW 114 AV # 724
(Florida street address)

New Registered Office Address: Doral, Florida 33178.
(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.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Andres Nunes</u>	<u>2922 NW 130 Av</u> <u>Sunrise, FL 33323</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Fernando Guizarro</u>	<u>6740 NW 114 Av</u> <u>Apt 724</u> <u>Doral, FL 33178</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Fernando Guizarro</u>	<u>6740 NW 114 Av</u> <u>Apt 724</u> <u>Doral, FL 33178</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific) *

N/A

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)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 09/27/2016
(no more 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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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 _____."
(voting group)

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 09/27/2016

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)

Fernando Guizarro
(Typed or printed name of person signing)

President.
(Title of person signing)