K07115

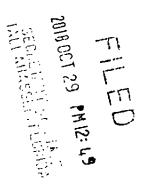
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Office Dimensions	s, Inc.	<u> </u>
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Joseph Lebowitz		
	<u> </u>	Name of Contact Person	1
	Office Dimensions, Inc.		
		Firm/ Company	.
	3621 NE 1st Court		
	_ 	Address	
	Miami, FL 33137		
		City/ State and Zip Code	2
ilebo	witz@odimiami.com		
-	_	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Joseph Lebowitz		at (576-7550 de & Daytime Telephone Number
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	artment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Office Dimensions, Inc.			
(Name	of Corporation as currentl	ly filed with the Florida Dept. of State)	
K07115			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
		4	ניז
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	on," "company," or "incorporated" or the abb "Co". A professional corporation name must co	The new previation putain the
D. Enter new principal office address	if applicables		<u></u>
B. Enter new principal office address, (Principal office address MUST BE A S			6 -:\
			
			77
		·n.	1 0
C. Enter new mailing address, if appl		•	ر ای
(Mailing address MAY BE A POST	OFFICE BOX)	<u></u>	
			<u></u>
D. If amending the registered agent ar new registered agent and/or the ne			
new registered agent and/or the ne		<u>5.</u>	
Name of New Registered Agent	Danielle Syrop		
	3621 NE 1st Court		
	(Florida str	reet address)	
New Registered Office Address:	Miami	. Florida	
New Negisierea Office Maaress.		(City) (Zip Co	nde)
New Registered Agent's Signature, if o	hanging Registered Agent	<u>ı:</u>	
I hereby accept the appointment as regis.	tered agent. /1 am familiar (with and accept the obligations of the position.	
(llow)	la Prope		
	Signature of New F	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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	vs	Mark Stern	3621 NE 1st Court
Add			Miami, FL 33137
Remove			
2) Change	vs	Danielle Syrop	3621 NE 1st Court
X Add			Miami, FL 33137
Remove			
3) Change	T	Joseph Lebowitz	3621 NE 1st Court
X Add			Miami, FL 33137
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Damova			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
 	
·	<u> </u>
-	
_	
<u> </u>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A) lark Stern canceled 2500 Class A Shares	6/29/18, which were returned to Office Dimensions, Inc.
	1/1996 purchased one (1) Class A Share from Office Dimensions, Inc. 7/1/18
<u> </u>	-
anielle Syrop purchased ninety-nine (99	O) Class B Shares from Office Dimensions, Inc. 7/1/18
-	

	07/01/18	
The date of each amendment(s) adopt	ion:	, 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 block document's effective date on the Depart		ory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting h voting group entitled to vote separa	
"The number of votes cast for t	he amendment(s) was/were sufficient	for approval
by	(voting group)	·
•	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareho	older action and shareholder
DatedSignature		
(By a direct	or, president or other officer - if direc	ctors or officers have not been
	an incorporator — if in the hands of a iduciary by that fiduciary)	receiver, trustee, or other court
Dai	nielle Syrop	
	(Typed or printed name of per	son signing)
Vic	e President	
_	(Title of person si	gning)