P00 000019167

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: ONBIZNES GROU	UP INC. —	
	MBER: P00000019167		
The enclosed Artic	eles of Amendment and fee are su	bmitted for filing.	
lease return all co	orrespondence concerning this ma	itter to the following:	
	JULIAN MONTEALEGRE		
	<u> </u>	Name of Contact Person	1
	ONBIZNES GROUP INC.		
		Firm/ Company	
	16610 BOY SCOUT RD		<u> </u>
		Address	
	ODESSA, FL 33556		
		City/ State and Zip Code	:
	JUMONMAILBOX@YAHO)()	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	ation concerning this matter, plea	se call:	334-7932
Na	me of Contact Person	Area Coo	de & Daytime Telephone Number
inclosed is a chec	k for the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	© \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
- , 1 !	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, Ft. 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with P00000019167 (Document Number of Corporation Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Pro</i>	on (if known)
(Document Number of Corporation Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Pro</i>	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Pro</i>	
	ofit Corporation adopts the following amendment(
its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
ONBIZNESS GROUP INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "Co.," or the designation "Corp," "Inc," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	12
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	-
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-•
	<u>ယ္</u> ၁၄
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address: Name of New Registered Agent	rida, enter the name of the
(Florida street address)	
įr torida strvet dauress)	
New Registered Office Address:	, Florida
(Ciţy)	τειρ Coder
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and ac	cept the obligations of the position.
Signature of New Registered A	gent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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:

tAttach additional sheets, if necessary)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add	•		
Remove 3) Change			
Add			
Remove			
4) Change	<u></u>		
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove	•		

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	t provides for an exc	change, reclassifica tendment if not co	ation, or cancellation ntained in the amer	on of issued shares, idment itself:	
provisions for is	mplementing the am cable, indicate N/A)				
provisions for is	mplementing the am cable, indicate N/A)				
provisions for is	mplementing the am cable, indicate N/A)				
provisions for is	mplementing the am cable, indicate N/A)				
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provisions for it	cable, indicate N/A)				
provisions for is	cable, indicate N/A)				
provisions for it	cable, indicate N/A)				

	option: if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient 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 t	or the amendment(s) was/were sufficient for approval
by	,"
, ,	tvoting group)
09/20/2020	
	ion Montralien
(I)v a dii relected	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 and tiduciary by that fiduciary)
	IULIAN MONTEALEGRE
-	(Typed or printed name of person signing)
	SECRETARY
-	(Title of person signing)