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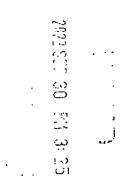
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OMAR CONTRAC	TORS, INC		
DOCUMENT NUMBER: P00	000111500			
The enclosed Articles of Amend	i	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
PAULO	OLIVEIRA			
		Name of Contact Persor	1	
EAGLE 1	TAX REPRESENTA	ATION, CORP		
		Firm/ Company		
5493 WII	ES RI SUITE 105			
		Address		
COCON	JT CRIEK/FL/330	73		
		City/ State and Zip Code	e e	
INFO@F	AGLE TAX.COM			
E-m	ail address: (to be us	ed for future annual report	notification)	
For further information concern	ing this matter, pleas	se call:		
PAULO OLIVEIRA		954 at () 532-3842	2022 6 77
Name of Contact	Person	Area Co	de & Daytime Telephone Number	_ 📆
Enclosed is a check for the follo	wing apount made	payable to the Florida Depa	artment of State:	30
	13.75 Filing Fee & rtificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	[점 # 25]
Mailing Addi Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

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OMAR CONTRACTORS, INC.			
(Name of Corporation a	as currently filed with the Florida Dept. of State)		
P0000011600			
Document	Number of Corporation (if known)		
(1)Xettinent	Number of Corporation (it known)		
Pursuant to the provisions of section 607,1006, Florida Sta its Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following	ig amendmer	ıt(s) t
A. If amending name, enter the new name of the corpo	pration:		
		The new	
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association" or the abbreviat	· "Co". A professional corporation name must contain	on "Corp.," in the word	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	3.25.)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		·	
		- F3	
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the		. 41
new registered agent and/or the new registered offic		;	<i>'</i> .
		00	
Name of New Registered Agent	•	1	. 1
		- :.: -]
	(Florida street address)	- ယ ်	
New Registered Office Address:	. Florida	25	
New Action Conferences		Code)	
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent. I an	a familiar with and accept the obligations of the position.		
		_	
Signature	e of New Registered Agent, 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:

(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 = ChiefExecutive 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 Doe	
X Remove	<u>V</u>	Mile Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	Marcela Sandigo	3331 NW 125th Ln
Add			Sunrise, FL 33323
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			·
6)Change			-
Add			
Remove			

If amending or adding additional (Attach additional sheets, if necessa	write es, enter change(s) here.
· · · · · · · · · · · · · · · · · · ·	
-	
·	
-	
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If an amendment provides for an	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N.)
\	
· · · · · · · · · · · · · · · · · · ·	
<u>.</u>	
	

The date of each amendment(s) adop date this document was signed.	ion:, if other than th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	pd by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
py	·
	(voting group) 2.6/2022 of president or other officer – if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
Ma	rcela Sandigo
_	(Typed or printed name of person signing)
MC	R
	(Title of person signing)