P02000113093

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COVER LETTER

TO: Amendment Section Division of Corporations OMEGA FINANCIAL SOLUTIONS Inc. NAME OF CORPORATION: P02000113093 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DEBRA L. MOTA-JOHN Name of Contact Person OMEGA FINANCIAL SOLUTIONS Inc. Firm/ Company 2454 LAKE CORA RD. Address APOPKA, FL 32712 City/ State and Zip Code trini402003@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (347) 2862638

Area Code & Daytime Telephone Number DEBRA L MOTA-JOHN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **■\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

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

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

Articles of Amendment to Articles of Incorporation of

OMEGA	FINANCIAL	SOLUTIO	NS, Inc.
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	of Corporation as current	ly filed with the Flor	rida Dept. of State)	
P02000113093				
	(Document Number of	of Corporation (if kno	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	oration adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			The new
name must be distinguishable and con	tain the word "corporation	on," "company," or	"incorporated" or	the abbreviation
"Corp.," "Inc.," or Co.," or the design			l corporation name	must contain the
word "chartered," "professional associa	tion," or the abbreviation	"P.A."	\wedge	
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)	1		· - 915
			#/	
		$\Delta I = I$	# 1	
		$A \setminus A \setminus A$	Π . I	2
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				, P
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				ب <u>ن</u>
		\ \ \		一点
			 •-	
D. If amending the registered agent an			r the name of the	
new registered agent and/or the new registered office address:				
Name of New Registered Agent	DEBRA L. MOTA-JOHI	V		
	2454 LAKE CORA RD.	APOPKA, FL 3271:	2	
	(Florida st	reet address)		
Nova Provintenced Office Address	NIA		. Florida	
New Registered Office Address:		(City)	, FIOREZ	(Lip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	::		
I hereby accept the appointment as regist			bligations of the pos	ition.
	~			
	17/			
			 -	
	Signature of New I	Registered Agent, if ch	hanging	

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: X Change	PT John D	luc	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	HEDLEY H. JOHN	2454 LAKE CORA RD
Add			APOPKA, FL 32712
X Remove			
2) Change	DPCEO	DEBRA L. MOTA-JOHN	2454 LAKE CORA RD
X Add		_	APOPKA, FL 32712
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional stack additional sheets, if necess	al Articles, enter change(s) here: sary). (Be specific)
	/
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V	
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an amendment provides for a	n exchange, reclassification, or cancellation of issued shares,
rovisions for implementing the (if not applicable, indicate N	te amendment if not contained in the amendment itself:
(у погаррисаме, пансав м	///
	\wedge \wedge \wedge \wedge \wedge \wedge
	// // / /
	// \
	— V
	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.	NIA	
Effective date <u>if applicable</u> :	/ / / / /	1 (1)
	(no more than 90 days after amend	fment file date)
Note: If the date inserted in this bloc document's effective date on the Depar		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholders. The number of votes circuit for approval.	east for the amendment(s)
	ved by the shareholders through voting groups ch voting group entitled to vote separately on	
"The number of votes east for	the amendment(s) was/were sufficient for app	πoval
by		"
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ad by the board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopte action was not required.	by the incorporators without shareholder ac	tion and shareholder
Dated	11/5/2019	
Signature		- Lil
	tor, president or other officer — if directors or y an incorporator — if in the hands of a receive	
	fiduciary by that fiduciary)	.,
HE	EDLEY H. JOHN	
_	(Typed or printed name of person sign	ning)
DI	RECTOR	
	(Title of person signing)	