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JUL 12 2017 S. YOUNG



COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	ation: <u>Oc 40</u> er: <u>P0300</u>	Ber Mutua 0040922	el Company	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
For further information	Boynton	Address Address A Beach City/ State and Zip Code City/ State and Zip Code	empany Rd Fl 33436 tencity poup.com	
Alar	(Rman	at (561	, 577-9552	
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)	
	ing Address		Address	
	ndment Section	Amendment Section		
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Ari	icles of Amendment	
	to	
Artic	cles of Incorporation	
• 2	of	
October Mut	Fual Compan	14
(Name of Corporation a	<u>s currently filed with the Flbrida De</u>	pr. of State)
P 0 3 0 0 0	040922	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:	
Intercity name must be distinguishable and contain the world "c	Renoyators]	The new
name must be distinguishable and contain the world "c	corporation," "company," or "incorp	porated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "i	Inc," or "Co". A professional corpo	ration name must contain the
word "chartered," "professional association," or the abbi	eviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	3836 Pre	ovidence Rd Beach FL 53436
Trincipal office address stoot the A STREET ADDRES	Bounton 1	Beach FL 33436
C. Enter new mailing address, if applicable:	CAAA	ac alade
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	SAME	as above
		-
		는 사람들은 기계를 보고 있다.
D. If amending the registered agent and/or registered of	office address in Florida, enter the na	ime of the
new registered agent and/or the new registered offic		
	11/1	17
Name of New Registered Agent	<i>N</i> / A	<u></u>
		무슨 물 이 물
-	(Florida street address)	
New_Registered Office Address:		_, Florida
ren Acgineren Office Auto esa.	(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: X Change	<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>	//.	Address	
1) Change			N/A		
Add			,		
Remove			/		
2) Change			<u>//</u> 4		
Add		•			
Remove			/.		
3) Change			N/A		
Add			/		
Remove			, ,		. <u> </u>
4) Change		_	N/A		
Add			,		
Remove			/ /		
5) Change			N/A		
Add					
Remove			. /		
6) Change		_	N/A		
Add			/		
Remove					

tach additional she	ng additional Articles ets, if necessary). (b	Be specific)	•		
		<u>-</u>	<u>// </u>		· · · · · · · · · · · · · · · · · · ·
			V / A		
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<u>-</u>	~ ~ ~				
				<u> </u>	
					
			·+		
		-			
an amendment pro rovisions for imple	ovides for an exchange ementing the amenda	<u>re, reclassification</u> nent if not conta	on, or cancellation ined in the amend	of issued shares. Iment itself:	ı
(if not applicabl	e, indicate N/A)				
			/		
		N	/		
			/		
 _					
	_,			· · · · ·	

The date of each amendment(s) adoption date this document was signed.	:	u/4	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 d	lays after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen		le statutory filing requirements.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The mofor approval.	imber of votes cast for the amend	lment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verified.			
"The number of votes east for the	amendment(s) was/were s	ufficient for approval	
by	u-	·"	
	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	the board of directors wi	thout shareholder action and shareholder	reholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators withou	t shareholder action and sharehol	der
Dated	<u> /6/2017 </u>	_ /	
Signature		Willes	
selected, by an		- if directors or officers have not ands of a receiver, trustee, or other	
	ALexander	Unman me of person signing)	
	(Typed or printed nar	ne of person signing)	
	Pres	sident.	
		person signing)	