P030000 44 797

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
<u> </u>			





700332681637

08/09/19--01019--004 *#35.00

S TALLENT AUG 1 6 2019

2019 AUG - 9 PH 1: 14

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Oabys CAPE, INC.
DOCUMENT NUMBER: 703000044797
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Contact Person
For further information concerning this matter, please call: YUJUTSY BHERM ON S., 305, 519 0575
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Arti	to icles of Incorporation
/ a had	
(0.00)	> CAPE, INC.
(Name of Corporation a	is currently filed with the Florida Dept. of State)
Ĵ	63666044797
(Document	Number of Corporation (if known)
Bon and the second of the seco	
its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," ", word "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET ADDRESS O	<u>SSS</u>)
	2019 S = 1
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	Laments
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
nume ty tvew negistered agent	
	27 L
,	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
Non-Designated Assessed Company of London Designation	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
, , , , , , , , , , , , , , , , , , , ,	y
Signature	e 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.

	e, and sany smun, sv as an Ada.
Example: X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
<u>X</u> Add	SV Sally Smith
Type of Action (Check One) 1) Change Add Remove	VTD FRANCISCO Hemon & 3168NW285
2) Change Add	
Remove 3) Change Add Remove	
4) Change Add Remove	
5) Change Add Remove	
6) Change Add	

Attach additional sheets, if necessary),	cles, enter change(s) here: (Be specific)	
		<u> </u>
	4-71	
		<u> </u>
- · .		

-		
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/4)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locument's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
Signature (By a director, president or other officer – if directors of officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
HUCATM DHERNON CB
(Typed or printed name of person signing)

(Title of person signing)