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| (Re | equestor's Name) | |
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| (Cil | ty/State/Zip/Phone | ÷ #*) |
| PICK-UP | WAIT | MAIL |
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| (Bu | ısiness Entity Nan | ne) |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: | OMI YINKA | BOT | ANICA | AND MIN | IMARKET | <u>r inc</u> |
|------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|--------------|---------------------------------------------|------------------|--------------|--------------|
| DOCUMENT NUMBER: | | | | P060 | 00074253 | | |
| The enclosed Articles | s of Amendme | nt and fee are s | submitte | ed for fili | ng. | | |
| Please return all corre | espondence co | ncerning this m | atter to | the follo | wing: | | 2 2 |
| | | CA | RMEN | LEON | | | _ |
| | | Name | of Cont | act Person | | , | |
| _ | OMI | 'INKA BOTAN | VICA A | ND MIN | IMARKET IN | 1C | _ |
| | | | irm/ Cor | npany | | | |
| 28726 | | 28726 S | | HIGHW | 'AY | | _ |
| | | | Addre | ess | | | |
| | | | | FL 330 | 33 | | |
| | | City/ | State and | I Zip Code | | | |
| | E-mail addre | ess: (to be used fo | r future a | innual repo | rt notification) | | |
| For further information | on concerning | this matter, ple | ase call | : | | | |
| CAF | RMEN LEON | | at (| 786 |)3 | 79-1111 | |
| Name of | Contact Person | | | Area Code | & Daytime Te | lephone Numb | per |
| Enclosed is a check for | or the followin | g amount made | e payab | le to the F | Florida Depar | tment of Sta | ate: |
| ☑ \$35 Filing Fee | S43.75 Filing Certificate of | | Cer | .75 Filing F tified Copy ditional cop | | Certified | te of Status |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amer Divis Clifto | n Buildin | ection rporations | le | | |

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

| (Name of Corporation as current) | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------|
| | 0074253 | | |
| (Document Number | r of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.1006, Funendment(s) to its Articles of Incorporation: | Florida Statutes, this F | Florida Profit Corporation adopts | s the following |
| A. If amending name, enter the new name of th | e corporation: | | |
| | | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the destance must contain the word "chartered," "profess | signation "Corp," "Inc | c," or "Co". A professional corp | |
| 3. Enter new principal office address, if applica | ıble: | ٠ هود | |
| Principal office address <u>MUST BE A STREET A</u> | (DDRESS) | , <u>Yi</u> | 360 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered. | stered office address i | in Florida, enter the name of the | FILED JUN 14 AM 9:55 |
| new registered agent and/or the new register | ed office address. | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida street i | address) | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing In the hereby accept the appointment as registered agent | | and accept the obligations of the p | osition. |
| | | d 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)

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|
| VP | JACQUELINE SOLER | 28726 S DIXIE HWY HOMESTEAD FL 33033 | . ☐ Add ☐ Remove |
| | | | |
| | | | |
| (attach a | ding or adding additional Articles, end ditional sheets, if necessary). (Be spont of the control | pecific) | |
| | | | |
| provisi | nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: MAY 31, 2011 |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> : | MAY 31, 2011 (date of adoption is required) |
| , | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement and 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 | .,, |
| · | (voting group) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| Dated MA | Y 31, 2011 |
| Signature <u>Z</u> | & Leon |
| sel | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | CARMEN LEON |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |