P07000027050

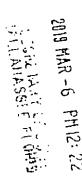
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HIR LE ZOIT

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: OPERICAL CORP. DOCUMENT NUMBER: P070000 27050
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ODCAR DANCULET
Name of Contact Person SOULERLAL CORP.
726 WE Z6 MITER
OCALA FZ 30470.
City/ State and Zip Code
6303an (S. YALOOSCOM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ODCAR DANCULTZ at 392, 361 3966. 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 BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

	Articles of Inc		8
Spiler	LI CAL	COEF. ly filed with the Florida Dept. of	""
(Name of Corr	poration as current	ly filed with the Florida Dept. o	of State)
12070	0000	Z7-050	
(1	Document Number o	of Corporation (if known)	70.50 20.00
Pursuant to the provisions of section 607.1006. Its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation ado	ots the following amending
A. If amending name, enter the new name of	ω		The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," ("Corp," "Inc," or	"Co". A professional corporati	on name must contain the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)		~ N/.	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>			4.
. If amending the registered agent and/or renew registered agent and/or the new regis			of the
Name of New Registered Agent		n'/A	
	(Florida st	reet address)	
New Registered Office Address:		. F	florida
		(City)	(Zip Code)
Registered Agent's Signature, if changin eby accept the appointment as registered as			of the position.
	NA		
	Signature of New I	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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	0	DENIEL NIEUES.	1901 NW 6300PL.
Add			CHALA FL 34975.
Remove			
?) Change	0	John Thomas	
Add			OCALA PL. 34970
Kemove			
) Change			
Add			
Remove			
Change	۸.		
Add			
Remove			
Change			
Add			
Remove			
_ Change			
_ Add			
_ Remove			

N \ / / A
W/A
nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
NA
N/A
`

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
(voting group)	
☐ 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 action was not required.	
Dated	
Signature / / / / ////////////////////////////	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Decre Spruces	
(Typed or printed name of person signing)	
DRESIDENT.	
(Title of person signing)	