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MAY 09 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: OmaPrem, Inc. DOCUMENT NUMBER: P11000061980 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Renee Williams Name of Contact Person Great HealthWorks, Inc. Firm/ Company 4150 SW 28th Way Address Fort Lauderdale, FL 33312 City/ State and Zip Code nwilliams@greathealthworks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Renee Williams √707 5080 ext. 1503 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: □\$43.75 Filing Fee & \$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation

	FILE			
14	APR 30	PK	3:	18

OmaPrem, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000061980

(Document Number of Corporation (if known)

endment(s) to

A. If amending name, enter the new name of the corporat	On: The
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	oration," "company," or "incorporated" or the abbrevio or "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4130 SW 28th Way
	Fort Lauderdale, FL 33312
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	4130 SW 28th Way
	Fort Lauderdale, FL 33312
D. If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office a	dress:
Nume of New Negastereu Algent	
(Flo	ida street address)
New Registered Office Address:	(City) , Florida(Zip Code)
	(Cuy) (Zip Code)

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>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Miles E. DuPree	4150 SW 28th Way
✓ Add			Fort Lauderdale, FL 33312
Remove			
2) Change			
Add			
Remove			
3) Change			·····
Add			
Remove			
4) Change		_	
Add			
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5) Change			
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6) Change			
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	ch additional sheets, if n	ecessary). (B	e specific) N A			
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I£ a.	ı amendment provides f		n madagaistantian		of ignued shaws	
pro	visions for implementin	g the amendm	ent if not contain	ed in the amenda	nent itself:	
	(if not applicable, indica	ate N/A)	A) M			
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i he date of each amendment(s) add late this document was signed.	option:	, if other tha
Effective date if applicable:		
meetive date ii applicame:	(no more than 90 days after amendment file date)	_
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	·
The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated March 19	1, 2014 Alega Addient	
Signature	Sell Iffalls- flablation	
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
ı	Kenneth Meares	
-	(Typed or printed name of person signing)	_
ı	President	
-	(Title of person signing)	