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SECULDARY OF BORE

C. 127-14

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: O. P. Construction Confrontes Inco
DOCUMENT NUMBER:///00/10/7/4
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Super Mark Keting System Jack  Firm/ Company  2212 S. Chickasaw fru./-129  Address
Name of Contact Person
Super Marketing System Joc.
2212 S. Chickasaw fru.1-129
Orlando F/ 32825 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OSCAR Pala C.e.s at (32) 558-9617  Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

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

APPROVEU AND FILED

### Articles of Amendment to Articles of Incorporation

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(Name of Corporation as curren	of find with the Plan	vide Dent' of St	otal	-Inc	
P 11000	0101714	<u></u>			-
(Document Num	ber of Corporation (if K	nown)			
rsuant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this FI	orida Profit Coi	<i>poration</i> adop	ots the followin	g amendment(s
If amending uame, enter the new uame of	the corporation:				
Culer MARKA	Lina S	Va fen	, Tr	2 C ·	The new
SuperMARKe une must be distinguishable and contain th	e word 'Eurporation,'	" "company," o	or "incorpora	ted" or the a	_tne new bbreviation
Corp.," "Inc.," or Co.," or the designation ' ord "chartered," "professional association," o	"Corp," "Inc," or "Co	o". A professio	nal corporation	on name must	contain the
ora cnarterea, projessional association, c	or the appreviation (F.	А.			
Enter new principal office address, if appl					-
rincipal office address <u>MUST BE A STREE</u>	( ADDRESS )				_
					_
		-			_
Enter new mailing address, if applicable:	on nast				
(Mailing address MAY BE A POST OFFIC	E BOX)				-
					_
					_
<ul> <li>If amending the registered agent and/or re new registered agent and/or the new registered.</li> </ul>		is in Florida, en	ter the name	of the	
Name of New Registered Agent					
		,			
	(Florida stree	t address)			
New Registered Office Address:			, Florida		<del>-</del>
	(Ciţy)			(Zip Code)	
	•				
	<b>.</b>				
<u>ew Registered Agent's Signature, if changin</u>	i <mark>g Registered Agent:</mark> g <i>ent. I am familiar wi</i> i				

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)

Example:

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.

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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			Authorities and a second a second and a second a second and a second a second and a second and a second and a
Remove			
3) Change			
Add		\	
Remove			690-04-04-04-04-04-04-04-04-04-04-04-04-04
4) Change			
Add		\	
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5) Change			
Add			
Remove			
<del>[]</del>			
6) Change	<del>- 1</del>	MI	
Add			
Remove			

amending of tach <i>addition</i>	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	N/A
rovisions for	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself: plicable, indicate N/A)
	W/A



The date of each amendment(s) a	doption:	1/16/20	14	14 JAN 21	PM L: 37
date this document was signed.				ri (C. 1 4)	of an in
Effective date if applicable:				TALLAHADDE	forfo 5.
	(no more t	than 90 days after am	endment file date)	i	
Adoption of Amendment(s)	(CHECK ONE)	)			
The amendment(s) was/were ado by the shareholders was/were su		s. The number of vote	es cast for the ame	endment(s)	
The amendment(s) was/were ap					
"The number of votes cast	for the amendment(s) wa	as/were sufficient for	approval		
by	(voting group)		77		
	(voting group)				
The amendment(s) was/were addressed action was not required.	opted by the board of dir	ectors without shareh	older action and sl	hareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporator	rs without shareholder	action and sharel	nolder	
Dated	1/16/201	<del>y</del>			
Signature		A	· · · · · · · · · · · · · · · · · · ·		_
` •	director, president or other				
	ed, by an incorporator – inted fiduciary by that fidu		erver, trustee, or c	omer com	
		S CAK ed or printed name of	Palaci	o S	
	(Тура	ed or printed name of	person signing)		-
		Presid	ent		_
		(Title of person sig	ming)		