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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIC

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: ODDESSA IMPORTS CORP | | | | | |
|---|--|--|--|--|--|
| DOCUMENT NUMBER: P12000012318 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| ANGEL CASANOVA | | | | | |
| ODDESSA IMPORTS CORP | | | | | |
| 6396 NW 97TH AVE | | | | | |
| MIAMI FL 33178 | | | | | |
| Ci.v. State and Zip Code | | | | | |
| MASUFLY@ATTINET | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call- | | | | | |
| GUSTAVO A LOZANO (786) 203-1865 | | | | | |
| 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 Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

Articles of Amendment

| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the supporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the althoughton "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET AEDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) MIAMI FL 33178 D. If amending the registered agent and/or consistency office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Florida street address) | P12000012318 | | | |
|---|--|--|--|------------------------------|
| A. If amending name, enter the active value of the supporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address. Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Fforida street address) | (Docume | nt Number of Corporation | (if known) | |
| The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Florida street address) | | .1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amount | endment(s) to |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co., A professional corporation name must contain the cord "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Florida street address) | A. If amending name, enter the new x | ang of the corporation: | _ | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Florida street address) | "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, | nation "Corp," "Inc," or tion," or the abbreviation if applicable: | "P.A." 6396 NW 97TH AVE | viation ain the |
| D. If amending the registered agent and/or cogistered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Florida street address) | | | | |
| Name of New Registered Agent FLORIDA CORPORATION REPORT INC 3900 NW 79TH AVE, SUITE #324 (Florida street address) | D. If amending the registered agent a | nd/or vysistered ettics ad | | |
| 3900 NW 79TH AVE, SUITE #324 (Florida street address) | new registered agent and/or the ne | | | |
| (Florida street address) | Name of New Registered Agem | | - WARE | |
| | | | | . `. |
| New Registered Office Address: DORAL , Florida 33166 | | • | | 14 SEP 29 PM SLURETARY OF |
| (City) (Zip Code) | Now Registered Office Address: | DUKAL | | |

Page 1 of 4

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 address.

(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 as Acd

| Example: X Change | <u>PT</u> | <u>John D</u> oe | |
|----------------------------|-----------|------------------|---------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Norae</u> | Address |
| 1) Change | P | ANGEL CASANOVA | 6396 NW 79TH AVE |
| Add | | | MIAMI FL 33178 |
| Remove | | | |
| 2) Change | S | GUSTAVO A LOZANO | 8209 NW 68TH STREET |
| Add | | | MIAMI FL 33166 |
| | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 51 Change | | | · |
| Add | | | |
| Remove | | | · |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| an amendment provides for an exc | change, reclassification, or cancellation of issued shares, |
| rovisions for implementing the ame | nendment if not contained in the amendment itself: |
| | |
| (if not applicable, indicate N/A) | |

| The date of each amendment(s) ac | toption: 09/25/2014 | , if other than the |
|---|---|---------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : 09/2 | 25/2014 | |
| | (no move than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval | |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| | for the amendment(s) was were sufficient for approval | |
| by | (voneg group) | |
| action was not required. | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder | |
| Dated 09/25/20 Signature | 014 | |
| (By a d selecte | irector, president of other officer – if directors or officers have not been d, by an incorporato – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | |
| | GUSTAVO A LOZANO | |
| | (Typed or printed name of person signing) | |
| | SECRETARY | |
| | (Title of person signing) | • |