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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: ODBER, INC
DOCUMENT NUMBER: \$\frac{12000020854}{}
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sam Tedwab
Name of Contact Person
OUBER INC
198 NW 79 St
Address
City/ State and Zip Code
City/ state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CUB+ Bogle at 954 6/5-7314 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 Certified Copy (Additional copy is 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

FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA

odber, Inc "	12 AHĆ _ L	
(Name of Corporation as currently filed with the Florida Dept. of State)	TE BUG T	PM 3: 18
P 12000020854 (Document Number of Corporation (if known)	<u>,</u>	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	e following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation no word "chartered," "professional association," or the abbreviation "P.A."	The new or the abbreviation the abbreviation the state of the stat	n
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MI A WI, F L	33150	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) MIAMI FC	3/50	
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 198 NW 79 SF	n <u>e</u>	
New Registered Office Address: M/QW/ Florida Served (City) (City)	3150 o Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Signature of New Registered Agent, if changing	position.	

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 PT. John Doc X Remove V Mike Jones \underline{X} Add <u>SV</u> Sally Smith Address Type of Action Title Name (Check One) Sam JeDWaB 198NW 795/ MIami, FC33150 1) ____Change X Add _Remove 2) ____ Change __ Add __ Remove 3) ____ Change ____ Add _ Remove 4) ____ Change __ Add _ Remove 5) ____ Change Add __ Remove 6) ____ Change

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Add

Remove

amending or adding additional Artic ttach additional sheets, if necessary).	
undirection browns, y recession yy.	1/1
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate M/A)	ndment if not contained in the amendment itself:
(ij not applicable, malcule NA)	Signed to Sam Tersus
HII Shokes	or the corporation (200
5/2 1/ /20 00	Carried La Carrent 15
shall be as	sight to jawi jelow
	<i>y</i>
	· · · · · · · · · · · · · · · · · · ·

<i></i>	-1/8/13
The date of each amendment(s) ad	loption:
Effective date if applicable:	2//8/12
<u></u>	(no more 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) ifficient for approval.
	proved 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 the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	, I
Dated	7/24/12
Signature	
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
арронн	ica nauciary by that nauciary)
	San la M
	(Typed or printed name of person signing)
	Sam Tell Was
	(Title of person signing)