P1200034489

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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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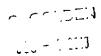


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CALAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OMAD GROUP C	CORP	
DOCUMENT NUN	IBER: P12000034489	<u> </u>	
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	ORLANDO BROCHE		
	12.5	Name of Contact Pers	on
	OMAD GROUP CORP		
		Firm/ Company	
	19681 SW 122 AVE		
		Address	
	MIAMI, FLORIDA 33177		
		City/ State and Zip Co	de
dbro	oche@aol.com		
	_	sed for future annual repo	rt notification)
For further information	on concerning this matter, pleas	se call:	
ORLANDO BROC	HE	305	776-7648
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dej	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amer Divis Clifte	t Address adment Section ion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 26 PM 1:09

OMAD GROUP CORP

	of Corporation as curren	itly filed with the Florida Dept. of State) TALL ANASSEE, FI
P12000034489	(D) · · · · · · · · · · · · ·	000
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
NIA		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		19681 SW 122 AVE
		MIAMI, FLORIDA 33177
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19681 SW 122 AVE
		MIAMI, FLORIDA 33177
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent ORLANDO BROCH		
	19681 SW 122 AVE	
	(Florida s	treet address)
New Registered Office Address:	MIAMI	Florida
		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agen ered agent — Lum familian	t: With and accept the obligations of the position.
	Stendent Som	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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary). (Be specific)	
š/A	
	-
If an amendment provides for an exchange, reclassifica	ation, or cancellation of issued shares
provisions for implementing the amendment if not cor	ntained in the amendment itself:
(if not applicable, indicate N/A)	
'A	
<u> </u>	

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 we document's effective date on the Department of State's records.	ill 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 /1-20-20	
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)	
Orlando Broche	
(Typed or printed name of person signing)	
- resident	
(Title of person signing)	