P130000 57808

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OMNINETWO	RKS TECHNOL	OGIES C	ORP
DOCUMENT NUMBER:	P13000057808	3 		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence of	concerning this ma	tter to the following	ng;	
		DEBORA FIG	UEIRO	
		Name of Cont	act Persor	1
	OMNI	NETWORKS TE	CHNOLC	OGIES CORP
		Firm/ Cor	npany	
		3043 NW 107	AVENUE	?
		Addre	:SS	· <u> </u>
		DORAL, FL	_ 33172	
		City/ State and	I Zip Cod	e
	DE	BORA@FLYTE	CCOMPU	JTERS.COM
E-ma	l address: (to be us	sed for future anni	ual report	notification)
For further information concerning	•		305	908-2253
Name of Contact Person		at (Area Co	908-2253 de & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made			
_	.75 Filing Fee & tificate of Status	□\$43.75 Filing Certified Cop (Additional copenciosed)	py py	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FI	etion porations		Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Λf

OMNINETWORKS TECHNOLOGIES CORP

P1300	00057808	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	· · · · · · · · · · · · · · · · · · ·
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
		- <u> </u>
C. Enter new mailing address, if applicable:	N17.4	•
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
		<u>,</u> ≽-
		<u> </u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		name of the
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:		. Florida
New Registered Office Address.	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager hereby accept the appointment as registered agent. I am familian		ions of the position
nerce, accept the appointment at regions en agent.	The area week for the sorting at	
		

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	Address
1) Change	S	DANYELLE ALMEIDA	10213 NW 57th STREET
X Add			DORAL, FL 33178
Remove			
2) Change	S	DEBORA FIGUEIRO	2570 SW 192nd TERRACE
X Add			MIRAMAR FL 33029
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
-	·		
Add			
Remove			

E. If amending or adding additional At (Attach additional sheets, if necessary)). (Be specific)
N/A	
	
	
 	
	
	· · · · · · · · · · · · · · · · · · ·
	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
N/A	
-	
· ·	

The date of each amendment(s) as date this document was signed.	ioption:, if other than th
Effective date if applicable:	April 03, 2019
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
☐ The amendment(s) was/were app must be separately provided for	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)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required. Dated	opted by the incorporators without shareholder action and shareholder
selecte	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 led fiduciary by that fiduciary)
	OSNI ARRUDA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)