PHODOGO

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/2)p/i Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special instructions to raining Officer.





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JUL 21 2017

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: OASIS CLEANING	G & PAINTING CORP			
DOCUMENT NUMBER:			·		
The enclosed Articles of An	nendment and fee are sul	omitted for filing.			
Please return all corresponde	ence concerning this mat	ter to the following:			
	EDWARD M	1ЕЛА			
		Name of Contact Person	1		
	TAX BUREAU SERVICE CORP				
	Firm/ Company				
	1835 NW 1127	TH AV SUITE 164			
		Address			
	MIAMLE	FL 33172			
		City/ State and Zip Code	<u> </u>		
EDMEJIAG	TBSTAX.NET				
	<u>-</u>	ed for future annual report	notification)		
	- man	ta tor facare annual report			
For further information conc	erning this matter, pleas	e call:			
EDWARD MEJIA		at (<u>64</u> 6	996-4212		
Name of Cor	tact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida Depa	rtment of State:		
S35 Filing Fee E	3\$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)		
Division o P.O. Box	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment

Articles of Incorporation

17 JF 10 TO 00 TO

OASIS CLEANING & PAINTING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000006063

(Document Number of Cornoration (if known)

A. If amending name, enter the new name of the	corporation:	
O PROPERTY MANAGEMENT CORP		The ne
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association." or the	p," "Inc," or "Co". A professiona	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere Name of New Registered Agent	ered office address in Florida, ente d office address:	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent:	· ,

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)

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	
<u>X</u> 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			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
· 	
_	
for amondment provides for an evel	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y not approxime, marcuse (mm)	
(y not approxime, mineure 1971)	
(y not applicable, marcare 1971)	
(y not appreciate, militare 1971)	
(y not appreciate, miletic 1971)	
(y no. appreciate, miletic 1971)	
(y not appreciate, miletic 1971)	
(y not appreciate, miletic 1971)	
(y no. approxime. mileate 1971)	

	JUL 11, 2107	
The date of each amendment(s):	ndoption;	if other than the
date this document was signed.		
	UL 11, 2017	
Effective date if applicable:	1 00 / 0 / 1 (1-1-1-1	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the epartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
The amendment(s) was/were ap must be separately provided for	sproved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareh	volder
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholde	τ
Dated	2/11/2	
Signature		<u></u>
(Bý a	director, president or other officer – if directors or officers have not b	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other	court
appoi	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Pinesident	
	(Title of person signing)	