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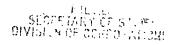
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OK SERVICES G	ROUP INC		
DOCUMENT NUMI	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JUAN CARRENO			
		Name of Contact Person	1	
		Firm/ Company		
	6305 SW 138TH PATH			
		Address		
	MIAMI FL 33183			
		City/ State and Zip Cod	e	
carre	no@okservicesnetwork.com			
	_	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
JUAN CARRENO		at (_) 493-4319	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



to

_	of			15 NOV 23	PH 12: 50
OK SErvi	ces Gin	QUC	INC		
(Name of Corpo	ration as currently	filed with	the Florida Dept	of State)	
	¥140c	000	31984	<i>ļ</i>	
(Do	cument Number of C	Corporatio	on (if known)		
Pursuant to the provisions of section 607.1006, Flots Articles of Incorporation:	orida Statutes, this F	lorida Pre	<i>ofit Corporation</i> ad	opts the followin	g amendment(s
A. If amending name, enter the new name of th	e corporation:				
					_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	orp," "Inc," or "C	o". A pr			
B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)				
					
D. If amending the registered agent and/or regi		ss in Flor	ida, enter the nam	e of the	,
new registered agent and/or the new register	ed office address:				
Name of New Registered Agent					-
					_
	(Florida stree	t address)			
New Registered Office Address:		lity)	 	Florida	Code)
	, i	AI(1)		(zp)	c.oue)
New Registered Agent's Signature, if changing				6.4	
hereby accept the appointment as registered agen	n i am familiar wi	in and acc	cept the obligations	of the position.	
				····	_
.S	Signature of New Res	gistered A	gent, 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				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change	P	LOURDE	S M DELGADO	1451 S MIAMI AVE 1603		
Add				MIAMI FL 33130		
X Remove						
2) Change						
Add						
Remove				·		
3) Change						
Add						
Remove				····		
4) Change						
Add						
Remove				<u> </u>		
5) Change	· · · · · · · · · · · · · · · · · · ·					
Add						
Remove						
6) Change		<u> </u>				
Add						
Remove						

Ean amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	indirection discount of necessial	Articles, enter change(s) here: ary). (Be specific)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
(If not applicable, marcale 1774)	f an amendment provides for an	exchange, reclassification, or cancellation of issued shares,	
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	provisions for implementing the	amendment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	OIVIDENCE CONFORMATION
Effective date if applicable:	15 NOV 22 DATE:
Effective date if applicable: (no more than 90 days after amendment fit	le date) 104 23 Pri 12: 51)
Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for t by the shareholders was/were sufficient for approval.	he amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The famust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 100	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
11/09/2015	
Dated	
Signature	
(By a director, president or other officer – if directors or officers	s have not been
selected, by an incorporator - if in the hands of a receiver, truste	ee, or other court
appointed fiduciary by that fiduciary)	
LOURDES M DELGADO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	