P14000062892

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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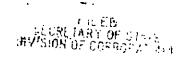
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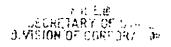


TO: Amendment Section Division of Corporations 2818 AUG 13 PM 2: 48

NAME OF CORPOR	ATION: ONE STOP SER	VICES GROU	JP INC	
DOCUMENT NUMB	ER: P140000622892			
	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
	EVELIO HORTA			
•		Name of C	ontact Persor	1
	ONE STOP SERVICES G	ROUP INC		
		Firm/ C	Company	
	6765 W FLAGLER ST			
		Ad	dress	
	MIAMI, FL 33144			
•		City/ State	and Zip Code	<u> </u>
ONES	STOPSERVICES@USA.C	ОМ		
	E-mail address: (to be us		nnual report	notification)
			·	
For further information	concerning this matter, pleas	se call:		
EVELIO HORTA		at	305	264-1004
Name o	of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy d copy is	☐\$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			Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ONE STOP SERVICES GROUP INC

(Name of Corpo	oration as currently filed with the Florida Dept. of State)	
P14000062892		
(De	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Fluits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the fol	llowing amendment(s) to
A. If amending name, enter the new name of th	he corporation:	
ONE STOP SERVICES FRANCHISE CORP		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	word "corporation," "company," or "incorporated" or Corp," "Inc," or "Co". A professional corporation name rthe abbreviation "P.4."	the abbreviation must contain the
B. Enter new principal office address, if applic		.
(Principal office address <u>MUST BE A STREET</u>)	ADDRESS)	
C. Enter new mailing address, if applicable:	C BAN	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>: BOX</u>)	
D If amending the registered agent and/or rev	gistered office address in Florida, enter the name of the	
new registered agent and/or the new registe		
Name of New Registered Agent		
	(Florida street address)	
New_Registered Office Address:	, Florida	
New Negasierea Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the obligations of the posi	ition.
	1	
		
	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	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	EVELIO HORTA	6765 W FLAGLER ST
Add			MIAMI, FL 33144
_ X _ Remove			
2) Change	CEO	EVELIO HORTA	6765 W FLAGLER ST
X Add			MIAMI, FL 33144
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		_	
Add			
Remove			
6) Change			
Add	·		
Remove			

	(Be specific)
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f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	08/08/2018	
The date of each amendment(s		, if other than th
late this document was signed.		
	8/08/2018	
Effective date <u>if applicable</u> : _	tno more than 90 days after amendme	ent file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing r Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. If for each voting group entitled to vote separately on the	
"The number of votes of	ast for the amendment(s) was/were sufficient for approv	val
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action	n and shareholder
08/18/2	018	
Dated		
Signature	The state of the s	
	a director, president or other officer - if directors or of	
	cted, by an incorporator – if in the hands of a receiver,	trustee, or other court
apr	ointed fiduciary by that fiduciary)	
	EVELIO HORTA	
	(Typed or printed name of person signin	g)
	PRESIDENT	
	(Title of nerson signing)	