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SECTION OF STATE

C.L. 15

COVER LETTER

Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 4 6 ROUP INC. TAXGENT & BRUSOTH, I E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 Art	endiffent	DIVISION
to Articles of Inco	rporation	15 MAY -6 PM 3: 47
of	C = 0	15 mai
OMEGA MI	IMI COPI.	<u></u>
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
(15000037	262	!
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	<i>lorida Profit Corporation</i> ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	11 GORP.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ".	Co". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		_
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address.		e of the
Name of New Registered Agent		
(Florida str	pet address)	
() (0/144 011)	01 Hauf (05)	
New Registered Office Address:	, Florida	
(Ciṃ)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar v	ith and accept the obligations	of the position.

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or Di , if necessificector title President, = Chief F er, Director d in the fol aves the co	irector b ary) e by the fi T= Trec inancial or would b lowing m orporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; TR= To Officer. If an officer/director holds more to be PTD. anner. Currently John Doe is listed as the to n, Sally Smith is named the V and S. These s	director being removed and title, name, and custee; $C = Chairman \ or \ Clerk; \ CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,$		
Example: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	•		
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title		Name	Address		
Change Add Remove		-				
2) Change						
Remove Change Add Remove		-				
4) Change Add Remove		-				
Change Add Remove		-		,		
Change		-				

Remove

	ets, if necessary).	(Be specific)			
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en amendment pro ovisions for imple (if not applicable	menting the ame	ndment if not co	ontained in the ar	nendment itself:	<u>iares,</u>
<u>ovisions for imple</u>	menting the ame	nange, reclassific adment if not co	ontained in the ar	nendment itself:	iares,
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	(Title of person signing)
	WIUKIN
	(Typed or printed name of person signing)
<u>S</u>	OD ASBAJ CONAMSA
<u></u>	(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)
	Dated - 21 - 17 - Signature
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action and shareholder
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action and shareholder
	(dno.18 8u1104)
	"The number of votes east for the amendment(s) was/were sufficient for approval
<i>].</i>	The amendment(s) was/were approved by the shareholders through voting groups. The Jollowing statemen must be separately on the amendment(s):
	The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
	Adoption of Amendment(s) (CHECK ONE)
	Effective date <u>if applicable</u> : (no more than 90 days after umendment file date)
if other than the	The date of each amendment(s) adoption: The date of each amendment(s) adoption: Later this document was signed. Effective date if applicable: