## P15 CCCC47715

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: OmegaScapes, Inc				
DOCUMENT NUN	P15000047715			_	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Kevin Carmean				
		Name of Contact Person	וו		
	OmegaScapes, Inc				
		Firm/ Company		<del></del>	
4954 N. Apopka Vineland Rd					
Address					
Orlando FL 32818					
City/ State and Zip Code					
fab@omegascapes.com					
E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this matter, pleas	se call:		(	
Kevin Carmean		at (	730-3026	200 Jumber 1911	
Name	of Contact Person	Area Co	de & Daytime Telephone N	umber	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OmegaScapes, Inc			
(Name o	of Corporation as currently	filed with the Florida Dept. of State)	7,
P15000047715			<i>도</i> .
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the follow	ring amendment(s
A. If amending name, enter the new na	ame of the corporation:		
Not Applicable			The new
	orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrevia professional corporation name must com	tion "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		Not Applicable	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST o</u>		Not Applicable	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	
Name of New Registered Agent	Not Applicable	1	
	tFlorida stre Not Applicable	et address)	
New Registered Office Address:		, Florida, Ziv)	p Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent:	ith and accept the obligations of the position	•
<del></del>	Signature of New Re	gistered Agent, if changing	_

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 PT John Doe X Remove V Mike Jones X Add $\underline{SV}$ Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) VPHR Fallon Jordan 4954 N Apopka Vineland Rd 1) \_\_\_\_ Change Orlando FL 32818 \_\_\_\_\_ Add Remove $\nabla P$ Jared Berryman 4954 N Apopka Vineland Rd 2) \_\_\_\_ Change Orlando FL 32818 Add Remove MGR. Fabromiya Monsanto 3) \_\_\_\_ Change 4954 N Apopka Vineland Rd Orlando FL 32818 \_\_ Add \_\_\_ Remove Not Applicable 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove Not Applicable 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove Not Applicable 6) \_\_\_ Change \_\_\_\_ Add Remove

(Attach additional sheet	ts, if necessary).	(Be specific)	ge(s) here:			
Not Applicable						
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If an amendment prov	oidae fan an ara	hanna malawifi		4:f:		
provisions for impler (if not applicable.	nenting the am	endment if not c	ontained in the an	<u>rendment itself:</u>	ares,	
	indicate N/A)					
lot Applicable						
<del></del> -		-				
				<del>-</del> ·		1.

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.  6/  Effective date if applicable:	10/2022	
	(no more than 90 days after amendment file date	•)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	oproved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by Not Applicable	<del>.</del>	
<u></u>	(voting group)	
6/10/202	!	
Dated	- Ceal	
Signature		
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
	Kevin Carmean	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>