## P15000012490

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Owen Group Corp. DOCUMENT NUMBER: P15000072490 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donald Owen Name of Contact Person The Owen Group Corp. Firm/ Company 4800 Federal Highway Suite 104B Address **Boca Raton Florida 33431** City/ State and Zip Code don@owen.group E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donald Owen at ( 954- 444-3008 ) Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **26**B5 Filing Fee 2\$43.75 Filing Fee & **2\$43.75** Filing Fee & **23**\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

The Owen Group Corp.		
(Name of Corporation as c	urrently filed with the Florida Dept. of State)	
P15000072490		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the corporati	ion:	
		The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbrevi	c," or "Co". A professional corporation name m	e abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	)	
	-44	3
		CO _
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	2	
(maining unit cos inter ment to strong or the book)		C.
	-	Opera 🙀
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		D. No
Name of New Registered Agent		
(FI	lorida street address)	
New Registered Office Address:	, Florida	
		Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		n.
Signature of	f Now 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 Do	<u>e</u>	
X_Remove	<u>v</u>	Mike Jon	<u>nes</u>	
_X_Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change	<u>P</u>		Bart Lawrence Dinin	6301 NW 61 Ave Parkland Florida 33067
X_Add				
Remove				
2)Change		···-		
Add				
Remove				
3 )Change				
Add				
Remove				
4)Change				-
Add				
Remove				
5)Change				
Add				
Remove				
6)Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<del> </del>
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
Donald Owen 25%	
Alex Owen 25 %	
Bart Lawrence Dinin 50%	

	3/27/2018	
The date of each date this documen	amendment(s) adoption:t was signed.	, if other than the
Effective date if a	applicable:	
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	inserted in this block does not meet the applicable statutory filing requirements, this daive date on the Department of State's records.	ite will not be listed as the
Adoption of Ame	ndment(s) ( <u>CHECK ONE</u> )	
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) lders was/were sufficient for approval.	s)
	nt(s) was/were approved by the shareholders through voting groups. The following statementely provided for each voting group entitled to vote separately on the amendment(s):	ent
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendmen action was not	nt(s) was/were adopted by the board of directors without shareholder action and shareholde required.	er
The amendmen	nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.	
	3/27/2108  Dated  Signature	
	(By a director, president or other officer - if directors or officers have not been	<del></del>
	selected, by an incorporator — if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	t
	Donald Owen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	