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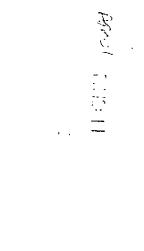
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: OHAD EINHORE	K, INC								
DOCUMENT NUN	P16000014032									
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.								
Please return all corr	espondence concerning this ma	atter to the following:								
	OHAD EINHORN									
	Name of Contact Person									
	Real Estate Agent - Realtor									
		Firm/ Company	<del>*</del>							
	260 95th Street Suite 210									
		Address								
	Surfside, FL 33154									
		City/ State and Zip Code	e							
	ohadein@gmail.com									
	E-mail address: (to be us	sed for future annual report	notification)							
For further informati	on concerning this matter, plea	se call:								
Ohad Einhorn		786 at (	de & Daytime Telephone Number							
Name	of Contact Person	Area Co	de & Daytime Telephone Number							
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:							
S35 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)							
	iling Address		Address							
	nendment Section vision of Corporations	Amendment Section Division of Corporations The Centre of Tallahassee								
	). Box 6327									
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810								

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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( <u>Name of</u> P16000014032	Corporation as curre	ntly filed with the Flor	ida Dept. of State)
	(Document Numbe	r of Corporation (if know	wn)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	sis Florida Profit Corpo	ration adopts the following amendment(s) to
A. If amending name, enter the new national OHAD EINHORN P.A.	ne of the corporation:		The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp." "Inc," or "Co".	A professional corpo	porated" or the abbreviation "Corp"
B. Enter new principal office address, if	applicable:	N/A	Ŋ
(Principal office address <u>MUST BE A ST</u>			7.
			<u> </u>
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	• ** • • • • •
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			r the name of the
-			
}	(Florida N/A	street address)	N/A
New Registered Office Address:		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chall thereby accept the appointment as register			bligations of the position.
	Simultura of Man	Registered Agent, if ch	angina

Check if applicable

☐ 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)

Example:

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.

X Change	<u>PT</u>	John Doc	
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			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	Purilere: Ment Estela isit
	100000000000000000000000000000000000000
	<del></del>
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	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provis</u>	ions for implementing the amendment if not contained in the amendment itself:  not applicable, indicate N/A)
	nn appricame, maicaie sim)
N/A	
	<del></del>

	3/1/2024	
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
3/1/2 Effective date <u>if appli</u> cable:	024	
Effective date <u>if applicable</u> .	(no more than 90 days after am	endment file date)
Note: If the date inserted in this bl document's effective date on the De		filing requirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directo	ors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of vot- ficient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting grovach voting group entitled to vote separately	
"The number of votes east (	or the amendment(s) was/were sufficient for	approval
by		."
	(voting group)	<del></del>
3/26/2024 Dated		
· •	rector, president or other officer - if directors	
	, by an incorporator – if in the hands of a rec d fiduciary by that fiduciary)	eiver, trustee, or other court
	OHAD EINHORN	
•	(Typed or printed name of person	signing)
	PSTD	

(Title of person signing)