P1660035165

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: OSCAR ONO MIA	AMI, INC			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	DOUGLAS A. FERRARINI				
•		Name of Contact Person			
	OSCAR ONO MIAMI, INC				
	<u> </u>	Firm/ Company	····		
	7610 NE 14TH COURT, # 11				
		Address			
	MIAMI FL, 33138				
		City/ State and Zip Code	;		
dougl	as@sagewoodconstruction.co	m			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	o concerning this matter, pleas	se call:			
DOUGLAS A. FERRA	ARINI	at (⁵¹⁶) 902-5417 de & Daytime Telephone Number		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OSCAR ONO MIAMI, INC		
(Name of Corporation	as currently filed with the Florida Dept	t. of State)
P16000015165		
(Documer	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this <i>Florida Profit Corporation</i> ac	lopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional corpora	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	
		国 里 四
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	35 5 5
(Mailing dauless MAT BE A TOST OFFICE BOA)		TASSES PRICE
		125 C
		Arr. O
D. If amending the registered agent and/or registered		ne of the
new registered agent and/or the new registered of	ice address:	
Name of New Registered Agent N/A		
	(Florida street address)	
	,	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(City)	(Zip Coue)
New Registered Agent's Signature, if changing Regist	ered Agent	
I hereby accept the appointment as registered agent. I a		s of the position.
	-	
Signati	re 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.

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	P	DOUGLAS A. FERRARINI	7610 NE 4TH COURT
X Add			#11
Remove			MIAMI, FL 33138
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

If amending or adding add (Attach additional sheets, if r	<u>itional Articles, enter cha</u> uecessary). (Be specific)	inge(s) here:		
/A				
		····		
			The state of the s	
	 		**	, ,
If an amendment provides	for an eychange, reclassi:	fication or cancellati	ion of issued shares	
provisions for implementi	ng the amendment if not	contained in the ame	ndment itself:	
(if not applicable, indic	cate N/A)			
'A				
				-
				
				· .
····				

The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing tement of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast ient for approval.	for the amendment(s)
	red by the shareholders through voting groups. It is voting group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for appro-	val
by		,"
	(voting group)	 -
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder a	action and shareholder
action was not required. Dated //////16	d by the incorporators without shareholder action	n and shareholder
Signature	my Silver	Y
	president or other officer – if directors or of an incorporator – if in the hands of a receiver,	
	fiduciary by that fiduciary)	
	Luciono M. DeMelli	0
_	(Typed or printed name of person signir	ng)
	Vice President	1
	(Title of person signing)	