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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OCRG CAPITAL C	CORP.	
DOCUMENT NUMB	D16000000063		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this man	tter to the following:	
	Allyn Roque, Esq.		
-		Name of Contact Persor	1
,	Allyn Roque, P.A.		
-		Firm/ Company	
	430 NW 132 Ct		
•		Address	
	Miami, Florida 33182		
•		City/ State and Zip Code	c
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Allyn Roque		at (529-2801
Name o	Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

		ŲI		
OCRG CAPITAL, CORP.				
(Name (of Corporation as curre	ntly filed with the Florida Dept. of State)		
P16000022063				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	me of the corporation:			
		The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	vation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
, ,		1040 Biscayne Blvd		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Unit 2101		
		Miami, Florida 33132		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1040 Biscayne Blvd		
		Unit 2101		
		Miami, Florida 33132		
D. If amending the registered agent an new registered agent and/or the new		idress in Florida, enter the name of the ess:		
Name of New Registered Agent	Karim Qaddumi			
·············	1040 Biscayne Blvd Ur	ii(2)(0)		
	(Florida	street address)		

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

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>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ines</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				25 R T
3) Change				28 S
Add				—————————————————————————————————————
Remove				AHIIII OS
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)		
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		AM II4 05 OF STATE E. FLORIDA	C
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	05 10A 10A	
(if not applicable, indicate N/A)		• •	
			_

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	March 1, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	3/29/2019	19
Signature		FIL MPR 15
	(Typed or printed name of person signing)	
	5 m	905
	PKESIDENT.	
	(Title of person signing)	