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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OFID	Servic	e Group Enc
DOCUMENT NUMBER:	0/600	100 279	157
The enclosed Articles of Amenda	ment and fee are s	submitted for filing.	
Please return all correspondence	concerning this m	natter to the following:	
	2083	x 2 /-/0	ernance =
	OFD	Name of Contact Po	<i>1</i>
_ 3	500	Firm/Company NWF9 H M	Le 3vite 214
	Dura	Address	33/22
		City/ State and Zip (Code
E-ma	il address: (to be	used for future annual re	port notification)
For further information concerning	ng this matter, ple	ase call:	
J-Orga L Name of Contact	<i>Florna</i> Person	2000 Area (78	Code & Daytime Telephone Number
Enclosed is a check for the follow	 ving amount ma d e	e payable to the Florida I	Department of State:
	3.75 Filing Fec & tificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	rection rporations	An Div Cli	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle
	li	Tal	Hahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 17 SEP 15 PH 12: 44

SECRETARY OF ALMS

(Name of Corporation as currently filed with the Florida Dept. of State) 600002 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address, New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. ture of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted	and/or D , if necess rector titl President = Chief I er, Directi I in the fo	irector being ary) e by the first le: T= Treasure Financial Office or would be P Howing manne orporation, Se	etter of the office title: or: S= Secretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief er. If an officer/director holds more than one title, list the first letter of each office TD. or. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is tly Smith is named the V and S. These should be noted as John Doe, PT as a Change,
Example: 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>Nar</u>	Address
i) Change	P		JAPPES Neivis Rodrigiz, 2500 NW 7GANE
Add			<u>ovite 214</u>
Remove			Doral FC 3360
2) Change	VF	7 <u>1</u>	panes Neivis 2500 NW 79 AND Noonigues 50/12 #214
Add Remove			Droch FC 33122.
3) Change	P		exce L Hernández 2500 NW 79 Ano
_L Add			SVITE # 214
Remove			Dwal R(33122.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

_ Remove

(Attach additional sheets, if necessary). (Be specific)	E. <u>If amending or adding additional Articles</u>	enter change(s) here:
provisions for implementing the amendment if not contained in the amendment itself:	(Attach additional sheets, if necessary). (E	se specifie)
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provisions for implementing the amendment if not contained in the amendment itself:		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:		
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(ly not applicable, indicate N/A)	provisions for implementing the amendm	ent if not contained in the amendment itself:
	(if not applicable, indicate NA)	
		11
		l .

Fhe date of each amendment(s) adoption:	8/29/17	_, if other than the
date this document was signed.	2/29/19	-
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will is state's records.	not be listed as the
Adoption of Amendment(s) (CI	I <u>ECK ONE</u>)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.	
	e shareholders through voting groups. The following statement	
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	ting group)	
(VO)	ing group) 	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated		
Signature		
(By a director fires	ident or other officer – if directors or officers have not been officer – if in the hands of a receiver, trustee, or other court	
appointed fiduciary		
	Drain theresacher	
	Typed or printed name of person signing)	
	President.	
	(Title of person cioning)	· ·