P16000065826

(Re	questor's Name)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OMEGA WIDE G	ROUP CORP			
DOCUMENT NUM	D16000065926				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GONZALO A ORTIZ BLAN	ICO			
	Name of Contact Person				
	OMEGA WIDE GROUP CORP				
	Firm/ Company				
	2701 Biscayne Blvd. #5210				
	Address				
	MIAMI, FL 33137				
		City/ State and Zip Cod	e		
	amigosfs@comcast.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
GONZALO A ORTIZ	Z BLANCO	at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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 Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u>)
OMEGA WIDE GROUP CORP			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	name of the corporation:		
			The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation name mu.	
B. Enter new principal office address.	, if applicable:	2701 Biscayne Blvd. #5210	
(Principal office address MUST BE AS		MIAMI, FL 33137	202
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2701 Biscayne Blvd. #5210	(7)
	(mailing dadress MAT BE A TOST OFFICE BOA)		8
			1,8
D. If amending the registered agent a new registered agent and/or the ne			<u>:</u>
Name of New Registered Agent	GONZALO A ORTIZ B		
	2701 Biscayne Blvd. #52	10	
	(Florida s	treet address)	
New Registered Office Address:	MIAMI	. Florida	33137
		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis			vosition.
<u></u>	Mature of New	Registered Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed p	oursuant 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)

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; CFO = 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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally St	<u>pith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	CEO		GONZALO A ORTIZ BLANCO	2701 Biscayne Blvd. #5210
Add				MIAMI, FL 33137
Remove			•	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. <u>II ame</u>	ding or adding additional Articles, enter change(s) here:
(Attach	additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
	
If an a	nendment provides for an exchange, reclassification, or cancellation of issued shares,
provi	ions for implementing the amendment if not contained in the amendment itself:
	not applicable, indicate N/A)

The date of each amendment(s) adopted	tion:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this diment of State's records.	ate will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment ient for approval.	(s)
	ed by the shareholders through voting groups. The following staten h voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/05/2020 Dated Signature		
selected, by	or, president for other officer – if directors or officers have not been an incorporator – it in the hands of a receiver, trustee, or other could be a few by that folially)	
GO	NZALO A ORTIZ BLANCO	
	(Typed or printed name of person signing)	
CE	O	
	(Title of person signing)	

the

the