P10000089017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: OMA GROUP, IN	IC		
DOCUMENT NUMI	P16000089017			
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	JORGE RUIZ			
		Name of Contact Perso	n	
	OMA GROUP, INC			
		Firm/ Company	····	
	535 GLENN CROSS DR			
		Address		
	RUSKIN, FL 33570			
		City/ State and Zip Cod	c	
INVE	STINTAMPA@GMAIL.CO	М		
		sed for future annual report	notification)	
	The second secon	in the factor and report	TK (Treatmy)	
For further information	concerning this matter, plea-	se call:		
MELISSIA RUIZ		at (370-4776	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amene Divisie Clifton 2661 l	Address Iment Section on of Corporations Building Executive Center Circle Issee, F1, 32301	

Articles of Amendment to Articles of Incorporation of

OMA GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P16000089017 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: Willy (Zip Code) 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. Signature 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> <u>Joh</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u> l'itle</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	PAULINA ALVAREZ MONES	10610 N 30TH ST APT 12C
Add			TAMPA, FL 33612
X Remove			
2) Change	S	ARNALDO A MEDINA MONROY	10610 N 30TH ST APT 12C
Add			TAMPA, FL 33612
X Remove			
3) X Change	PT	JORGE RUIZ	535 GLENN CROSS DR
Add			RUSKIN, FL 33570
Remove			
4) X Change	vs	MELISSIA M RUIZ	535 GLENN CROSS DR
Add			RUSKIN, FL 33570
Remove			
5) Change			
Add			·*···
Remove			
6) Change		,	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N'A) N/A	
	· ·

The date of each amendment(s) adoption:	, if other than the
	08/13/2017	
Effective date <u>if applicable</u> : _	tno more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, th Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmental sufficient for approval.	pent(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharel	iolder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
sele	a director, president or other officer – if directors or officers have not be eted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary) LORGE RUIZ	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	