

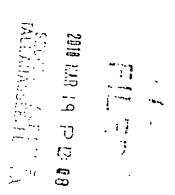
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HAR 2 0 2018 T. LIMATIEUX



## **COVER LETTER**

TO: Amendment Section  Division of Corporation			
NAME OF CORPOR	ATION: Orex (	Jass Ce	)
DOCUMENT NUMBI	er: <u>1917000</u>	030228	<del></del>
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Orestes	Valdes Pa	checo.
_	Ore	Name of Contact Person	<u>.</u>
	7401	Firm/ Company	ST
-	Mian	Address 7: F/ 33	155
_		City/ State and Zip Code	
	E-mail address: (to be as	lices @ gma led for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Orestes	Valdes Par	checo at 305	546778/
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	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)
<u>Maili</u>	ng Address	Street	Address
	dment Section		ment Section
	on of Corporations		n of Corporations
	Box 6327		Building
1 allah	nassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

	Articles of Incorporat	tion		
	27	<u> </u>	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Crex (do	ass (o.			
(Name of Corporat	tion as currently filed v	with the Florida Dep 2 มีเป็	of State) D 12: 88	
<u> </u>	00003021			
(Docu	ment Number of Corpor	ration (if known)	Allica Estitution	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida</i>	Profit Corporation a	dopts the following amendme	ent(s) 1
A. If amending name, enter the new name of the c	corporation:			
Orex Shower Gla			The new	.,
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A		orated" or the abbreviation	n
B. Enter new principal office address, if applicabl	le:			
(Principal office address <u>MUST BE A STREET AD</u>		17/	<u>A</u>	
		<u> </u>		
		<u> </u>		
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )		<del> </del>	
		$\mathcal{U}I$	17	
	<del></del> -			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		lorida, enter the nai	me of the	
Name of New Registered Agent				
	11/1	1		
	(Florida street addre	es.s)		
New Registered Office Address:			_, Florida	
HEW RESISTERED OFFICE MAINESS.	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		l accept the obligation	ns of the position	
as regione agent.	- 200 30000000 17000 4004		io of the position.	
	. 1 .	_		
	nature of New Registere	<del>}</del>	·	
Sign	nature of New Registere	d 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)

Remove

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	<u>Title</u>	Name  Name	Address  N/A.
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change	<u> </u>		

Attach additional s	ling additional Art heets, if necessary).	(Be specific	c)			
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						<u></u>
an amendment p	rovides for an exclude older of the second contract of the second co	nange, reclas	sification, or can	icellation of issu	ued shares,	
(if not applica	ble, indicate N/A)		t contained in ci	ic amendment i	<del>(SCIII)</del>	
			MA.			
			—/ <del>////</del> —			
				<del>-</del>		

The date of each amendment(s) adoption:O3/_	12/2018.	, if other than the
date this document was signed.		
Effective date if applicable:		
(no more than	n 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.		vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	'he number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes east for the amendment(s) was/w	were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
(voting group)		
☐ The amendment(s) was/were adopted by the board of directo action was not required.	ors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators was action was not required.	ithout shareholder action and shareholder	
Dated 3/12/2018.	<del></del>	
Signature		
	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciar	ry)	
Orestes	Valdes Pacheco.	
(Typed or printe	ed name of person signing)	
Presi	ident.	
(Titl	le of person signing)	