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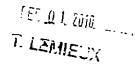
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January 31, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ORNAMENTAL CRAFT CORP 12817 SW 252 ND ST UNIT 104 MIAMI, FL 33032

SUBJECT: ORNAMENTAL CRAFT CORP

3052201440

REF: P17900045025

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H18000034381 Letter Number: 518A00002081

LAZARUS CORPORATE ALPHA Accounting

PAGE 03/06

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PAGE 02/07

Articles of Amendment to Articles of Incorporation of

ORNAMENTAL CRAFT CORP		
(Name of Corpora	ation as currently filed with the Flo	rida Dept. of State)
P17000045025		
(Doc	current Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i>	oreston adopts the following amendment(s) to
A. If amonding name, enter the new name of the	e corporation:	m .
		The new
name must be distinguishable and contain the "Corp" "Inc.," or Co" or the designation "Coword "chartered," "professional association," or contains the contains a contain the contain the contains a contain the con	OPD, INC. OF CO. A PROJESSION	al corporation name must contain the
B. Enter new principal office address, if applica (Principal office address MUNT BE A STREET A	<u>ible:</u> IDDRESS()	
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE		
(Maning take 65 pp. 1 200 1 1 0 0 1 0 1		
	···	
D. If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida, en- ired office address:	ter the name of the
Name of New Registered Agent		·
	(Plorida street address)	
	() the most 21,446; more cray	
New Roylstered Office Address:	(Ĉity)	, Florida (Zip Code)
	(5.7)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ont. I am familiar with and accept the	e obligations of the position.
	Signature of New Registered Agent, is	Changing 2
	Page 1 of 4	TAHASSEETERS
		med finds of the contract of
		#1580 00 0343 81

3052201440

LAZARUS CORPORATE ALPHA Accounting

PAGE 04/05 PAGE 03/07

01/29/2018 01:18PM 3052640109

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= Treasurar; 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 nummer. 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 Y 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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Addicas
1) Change	ន	RAUNEL ROSQUETE ACOSTA	100 NE 6 AVE LOT 225
Add			HOMESTEAD, FL 33030
X Remove			
2) Change	S	JORGE L RIOS	1330 W 46 ST APT 19
Add			HIALEAH, FL 33012
X Remove	s	RAUL R JIMENEZ	13413 SW 263 RD ST
X Add		<u> </u>	HOMESTEAD,FL 33032
Remove			
4) Change			
Add			
5) Change			
Add			
Remove	٠		
6) Change			
Add			
Remove			

Page 2 of 4

LAZARUS CORPORATE ALPHA Accounting

	ticles, anter change(s) here: (Be specific)
**	
	
	
f an amendment provides for an ex	rchange, reclassification, or cancellation of issued shares.
provisions for implementing the at	rchange, reclassification, or cancellation of issued shares, mendment it not contained in the amendment itself:
f an amendment provides for no ex provisions for implementing the an (if not applicable, indicate N/A)	mendment it not contribed in the smenument trien:
provisions for implementing the at	mendment it not contribed in the smenument trien:
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LAZARUS CORPORATE ALPHA Accounting

PAGE 05/05 PAGE V5/V/

01/25/2018	if other than the
The date of each amendment(s) adoption: date this document was signed.	ii viiici mas as
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not most the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	n be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The smendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
01/25/2018	
Dated	
Y 9	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
ARIOLBIS CAMACHO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	