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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: OLLIT ENTERPRISES MARKETING, TAK. DOCUMENT NUMBER: [170007/33] The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANN DOMENGUEL

Name of Contact Person ONIT ENTERPRISES MARKETING, INC. 7827 A DALE MABRY HWY E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 536-3464

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

ONIT ENTERPRISES M	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
(Document)	Number of Corporation (if known)
·	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "l word "chartered," "professional association," or the abbr	orporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	7827 N. DALE MIRRRY HUNY
(Principal office address <u>MUST BE A STREET ADDRES</u>	SUTTE #106
	TAMPA, FL 336H
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7827 N. DALE MABRY HWY
	SUITE #106
	TAMPA FL 33614
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	e address:
Name of New Registered Agent TINA	INN BOMTNGUEZ
7827	N. BALE MABRY HWY SULTE # 106
$\sim \sim \sim$	(Florida street address) A , Florida 33614_
New Registered Office Address: 7 (4(N)	(City) (Zip Code)
	<b>201</b> 1
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I and	red Agent:  familiar with and accept the obligations of the position.
	SET I
Signatur	e 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.

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)	Title	<u>Name</u>	Address
1) K Change	<u>P</u>	FAUSTINO DOMINGUEZ	
Add Remove			APT 102 TAMPA FL 33625
2) K Change Add	1	TINA AMN DOMINGUEZ	13364 CANOPY GROVE DE APT 102
Remove 3) Change Add	4	YSABELLA DOMINGUÉZ	TAMPA FL 33625
Remove			
4) Change		<del></del>	
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			<del></del>

E. If amending (Attach addi	or adding a tional sheets,	dditional Articl if necessary).	l <mark>es, enter</mark> (Be spec	r change(s) h rific)	<u>iere</u> :				
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F. <u>If an amen</u>	dment provid	les for an excha	inge, rec	lassification	, or cancella	ition of issu-	ed shares,		
provisions (if not	applicable, ii	nting the amen	ament 11	not contain	ieu iii me an	<u>ienument te</u>	<u>seii.</u>		
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The date of each amendment(s) adoption: 31 May 209 date this document was signed.	, if other than the
Effective date if applicable:	. <u></u>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not 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 amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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.	
Dated 31 MAY 2019	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
TIMA AMM DOMINGUEZ	
(Typed or printed name of person signing)	
VICEPREST DEK/ REGISTERED AGENT	
(Title of person signing)	