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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OASIS TROPICA	L CAFE, INC	
DOCUMENT NUMB	ER: P17000078955		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
;	Mark Sears		
-		Name of Contact Person	n
-		Firm/ Company	
: _	2375 NE 25th Ave		
	Ocala, FL 34470	Address	
-		City/ State and Zip Code	e
			NOTIFICATE OF STATUS) notification)
For turner information	concerning this matter, pleas		
Mark Sears		at (
Name o	f 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:
□ \$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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address dment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OASIS TROPICAL CAFE, INC			
(Name of Corporation as curr	ently filed with the Fl	lorida Dept. of State)	
P17000078955			
(Document Numb	er of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Cor</i>	rporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
		7	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professio		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			2 <u>.</u>
		E in a	<u></u>
		75-75	 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>ගිදී</u>	19 L
(Mutting uturess MAT DE A FOST OF FICE BOX)	 		<u> </u>
			<u>=</u> 0
		<u> </u>	<u></u>
D. If amending the registered agent and/or registered office a	address in Florida, en	ter the name of the	,•
new registered agent and/or the new registered office add		the manie of the	
Name of New Registered Agent			
(Florid	la street address)		
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)	, Florida (Zip Co	de)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil		ohligations of the position	
The state of the s	The second security and	Sampanion 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	GABRIEL BROWN	2375 NE 25th Ave # 119
Add			Ocala, FL 34470
X Remove			
2) X Change	P. S	ALBERTO VAZQUEZ	2375 NE 25th Ave # 119
Add			Ocala, FL 34470
Remove			
3) Change	CFO	SHANIK BASTIDAS	2375 NE 25th Ave # 119
X Add			Ocala, FL 34470
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	·		
Add			
Pemove			

(Attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	. If amending or adding additional Arti	icles, enter change(s) here:
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	(Attach additional sheets, if necessary).	(Be specific)
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	provisions for implementing the ame	ndment if not contained in the amendment itself:
1/A		
	//A	
		
		<u> </u>

	July 16, 2018	
The date of each amendment(s) a late this document was signed.	doption:	, if other than the
July	/ 16, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(,,,,	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
July 16, 20)18	
Dated		
selecte	director president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Alberto Vazquez	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	