P17000031095

| (Requestor's Name) |
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| (Business Entity Name) |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: _____

DOCUMENT NUMBER: P17000081095

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILTON OMER

Name of Contact Person

DARLIM MULTISERVICE CORP

Firm/ Company

540 NW 165 STREET RD STE 305 E

Address

MIAMEFL 33169

City/ State and Zip Code

KGENTERI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| MILTON OMIER | 786 at (| 355-1010 |
|------------------------|-------------|-----------------------------------|
| Name of Contact Person | Area | 1 Code & Daytime Telephone Number |

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

Statistics of the second secon

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Articles of Amendment to Articles of Incorporation of

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FILED

| | 2021 AUG - 6 PM 4: 17 |
|---|--|
| (Name of Corpora | ation as currently filed with the Florida Dept. of State) |
| P17000081095 | SECRETARY OF STATE |
| (Doc | cument Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation: | ida Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the | corporation: |
| OMAR'S CONSTRUCTION SERVICES CORP | The new |
| name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl | "corporation," "company," or "incorporated" or the abbreviation "Corp.," w," or "Co". A professional corporation name must contain the word |
| B. <u>Enter new principal office address, if applicat</u> (Principal office address <u>MUST BE A STREET AI</u> | ble: DDRESS) |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST_OFFICE h</u> | <u>3QX</u>) |
| | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registere | <u>tered office address in Florida, enter the name of the</u> ed office address: |
| | |
| new registered agent and/or the new registere | |

<u>New Registered Agent's Signature, it changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

Check if applicable

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The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

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(Attach additional sheets, if necessary)

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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 $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add SVSally Smith Type of Action Title <u>Name</u> Address (Check One) 1) ____ Change Add __ Remove Change _____ Add Remove 3) ____ Change ____ Remove 4) ____ Change ____ Add Remove 51 ____ Change ____ Add ____ Remove 6) ____ Change _____ Add Remove

| | dding additional Ar I sheets, if necessary). | (Be specific) | | | | |
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| an amendment | t provides for an exc | hange, reclassific | ration, or cancell | ation of issued sha | res, | |
| if not applic | nplementing the am cable, indicate N/A) | <u>enameni li not co</u> | intained in the a | mendment itself: | | |
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| The date of each amendment(s) : | 07/01/2021 | |
|--|--|--|
| ate this document was signed. | | , if other than the |
| - 07, | (01/2021 | |
| Iffective date <u>if applicable</u> : | (no more than 90 days after amendm | ant file date) |
| | | |
| Note: If the date inserted in this ocument's effective date on the D | block does not meet the applicable statutory filing Department of State's records. | requirements, this date will not be listed as th |
| doption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ac action was not required. | lopted by the incorporators, or board of directors wit | hout shareholder action and shareholder |
| The amendment(s) was/were ac by the shareholders was/were s | lopted by the shareholders. The number of votes cas afficient for approval. | t for the amendment(s) |
| The amendment(s) was/were ap must be separately provided fo | proved by the shareholders through voting groups. r each voting group entitled to vote separately on the | The following statement e amendment(s): |
| "The number of votes cas | t for the amendment(s) was/were sufficient for appre | oval |
| by | | |
| | (voting group) | |
| | | |
| 07/01/202 Dated | \sim | |
| Signature | 10-17. | |
| (By a / selecti | lirector, president or other officer – if directors or of ad, by an incorporator – if in the hands of a receiver, ned fiduciary by that fiduciary) | ficers have not been trustee, or other court |
| | ÓMAR CRUZ | |
| | (Typed or printed name of person signir | ug) |
| | PRESIDENT | |
| | (Title of person signing) | |
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