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From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I20160000021

: (954)865-6607

Fax Number

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ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OMEGA GEN. SERVICES CORP

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: OMEGA GEN. SERVICES CORP DOCUMENT NUMBER: P17000083023 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAEL QUARTAROLLI M. Name of Contact Person PRESIDENT Firm/ Company 22839 N SANDALFOOT BLVD Address **BOCA RATON FL 33428** City/ State and Zip Code cunha.sara@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561 876-5842

Area Code & Daytime Telephone Number RAFAEL QUARTAROLLI M. Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation

2022 JUH 22 AM 11: 49

A SECTION OF STATE

OMEGA	CEN	CEDITIONS	$C \cap DD$

	tly filed with the Florida Dept. of State)
P17000083023	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this statutes of Incorporation:	s Florida Profit Corporation adopts the following amendment(
t. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 'chartered," "professional association." or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	140 SE 3rd STREET BAY C DEERFIELD BEACH
Principal office address <u>MUST BE A STREET ADDRESS</u>)	FLORIDA 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	140 SE 3rd STREET BAY C DEERFIELD BEACH
	FLORIDA 33441
new registered agent and/or the new registered office addres	
new registered agent and/or the new registered office address Name of New Registered Agent	ss:
new registered agent and/or the new registered office address Name of New Registered Agent	<u>ss:</u>
new registered agent and/or the new registered office address Name of New Registered Agent	reel address)
Name of New Registered Agent (Florida s	reet address)
Name of New Registered Agent (Florida s New Registered Office Address:	ireel address), Florida (City) (Zip Code)
Name of New Registered Agent (Florida s New Registered Office Address: New Registered Office Address:	ireet address), Florida (City) (Zip Code)
Name of New Registered Agent (Florida s New Registered Office Address: New Registered Office Address: Registered Agent's Signature, if changing Registered Agent	ireet address), Florida(City) (Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	(City) (Zip Code) It: with and accept the obligations of the position.
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	(City) (Zip Code)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	RAFAEL QUARTAROLLI M	140 SE 3rd STREET BAY C
Add			DEERFIELD BEACH FL 33441
Remove			*
2) X Change	VP	SARA QUARTAROLLI	140 SE 3rd STREET BAY C
Add			DEERFIELD BEACH FL 33441
Remove 3) Change		_	
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

37	rticles, enter change(s) here:). (Be specific)	
_		
<u>provisions for implementing</u> the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

06/21/2022	
The date of each amendment(s) adoption:	f other than the
date this document was signed.	
06/14/2022	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	eholder
☐ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
Signature Haw	
(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)	
RAFAEL QUARTAROLLI M	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	