P17000088151

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	OUP CORP	
	1BER: P17000088151		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	EDNA MENDEZ		
		Name of Contact Person	1
	EMPIRE BUSINESS & TAX	CADVISORS, LLC	
		Firm/ Company	
	120 BROADWAY AVE SUI	TTE 302	
	· · · · · · · · · · · · · · · · · · ·	Address	_ -
	KISSIMMEE, FL 34741		
	-	City/ State and Zip Cod	
	ednamendez@empirebta.com		
	E-mail address: (to be us	sed for future annual report	notification)
	e ale a l	11	
ror turtner informat	ion concerning this matter, pleas	se can:	
EDNA MENDEZ		at (
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Ameno Divisio The C	Address Intent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JJ I	FRAI	MNG	GROUP	CORP
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(Name)	of Corporation as currently	filed with the Florida Dept. of S	tate)
P17000088451			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		(13)
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association."	Corp." "Inc." or "Co". A		
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST_BE_A_S</u>	TREET ADDRESS)		
		 	
		<u> </u>	,
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Shiring unit cas MATT DIZ AT COT	OTTICE BO.		7.9
D. If amending the registered agent an new registered agent and/or the ne			the
Name of New Registered Agent	EDNA MENDEZ	•	
Numer system regimered rigera	EMPIRE BUSINESS & TA	AX ADVISORS, LLC	
	(Florida stre	ret address)	 -
New Registered Office Address;	120 BROADWAY AVE SU	UTTE 302 KISSIMMEE Flor	34741 ida
		(City)	(Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regist			ne position.
	lel f	2	
 -	Signature of New Re	gislered Agent, if changing	
	,		

Check if applicable

☐ 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:

(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; CL(C) = Chief Executive Officer, CF(C) = 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
L) Change	1'	MARIO NUNES DA SILVA NOGU	3014 N JOHN YOUNG PKWY
Add			ORLANDO, FL 32804
X Remove			
2) Change	VP	ISLENE BARROS DA SILVA NOG	3014 N JOHN YOUNG PKWY
Add			ORLANDO, FL 32804
$\frac{X}{X}$ Remove 3.) $\frac{X}{X}$ Change	p ———	HELIO RODRIGUES	3014 N JOHN YOUNG PKWY
Add			ORLANDO, FL 32804
Remove			
) Change	·· ···		
Add			
Remove			
L Change		_	
Add			
Remove			
Change	·		
Add			
Remove			

<u>f amending or adding additional Art</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
		 -

		_,
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(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 da document's effective date on the Department of State's records.	te will not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	5)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ગા
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
9/23/2020	
/will	
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 cour	1
appointed fiduciary by that fiduciary)	
HELIO RODRIGUES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	