P18000007581

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OOG ENGINEER	ING CORP		
	00007581			
The enclosed Articles of Amendo	nent and fee are su	ıbmitted for fili	ng.	
Please return all correspondence	concerning this ma	tter to the follo	wing:	
NINOTCI	ІКА НЕСНТ			
		Name of Co	ontact Persor	1
JUST HIC	H TECH CORP			
		Firm/ C	Company	
10544 NW	26TH ST , STE E	E-204		
**		Add	dress	
DORAL F	L 33172			
		City/ State a	and Zip Code	
asistentemiami@)gmail.com			
E-ma	l address: (to be us	sed for future a	nnual report	notification)
•				
For further information concerning	g this matter, pleas	se call:		
Ninotchka Heeht		at (786	762-2048
Name of Contact	Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the I	Florida Depa	rtment of State:
	.75 Filing Fee & tificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Сору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addro Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction porations		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Cornoration as cut	rrently filed with the Florida Dept. of State)
P18000007581	,
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
N/A	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A = 😝
	ES P T
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
N/A	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	. Florida
gen regenered vijne radiress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent.
I hereby accept the appointment as registered agent. I am fam	
Signature of i	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) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE UPDATE THE OFFICERS COMPANY ADDRESS:
OSCAR OVALLES G: 10001 NORTH MIAMI AVE. MIAMI SHORES, FL 33150
OSCAR OVALLES V: 10001 NORTH MIAMI AVE. MIAMI SHORES FL 33150
PATRICIA VASQUEZ: 10001 NORTH MIAMI AVE. MIAMI SHORES FL 33150
ALSO UPDATE THE TAX ID NUMBER: 38-4070162
F. 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) N/A

11/01/2018	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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 document's effective date on the Department of State's records.	not be listed as th
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 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)	
(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.	
11/09/2018	
DatedSignature	
(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)	
OSCAR OVALLES V	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	