

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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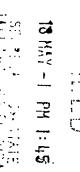


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And

R. WHITE MAY 0 4 2018



## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OMNI SQUARE RECOVERY IN	بالا .
DOCUMENT NUMBER: P180000 15097	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Colin Bartolain Name of Contact Person	
Omni Savare Recovery Inc.	
4.0 Box 8170	
North Port Fl. 34290  City/ State and Zip Code	
E-mail address: (to be used for future animal report notification)	
For further information concerning this matter, please call:	
Colin Bartolain at (941) 232-369  Name of Contact Person Area Code & Daytime Telephone Nu	D
Enclosed is a check for the following amount made payable to the Florida Department of State:	moer
□ \$35 Filing Fee  □\$43.75 Filing Fee	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

FILED

## Articles of Amendment to

Articles of Incorporation of

18 HAY -1 PH 1: 44

	of State Control of Alf
Omni SQuare P	e covery Individual Child on as currently filed with the Florida Dept. of State)
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P18000015	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	The new discorporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  D. If amending the registered agent and/or registernew registered agent and/or the new registered	red office address in Florida, enter the name of the
Name of New Registered Agent	
Name by New Neglistered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
HEB REGISTER WINGE Auartss.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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 D	<u>oe</u>		
X Remove	$\underline{V}$	Mike Jo	ones		
_X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	_ <u>Title</u>		<u>Name</u>		Address
!) Change	I		Ryan	Blumberg	10307 Coral Landings L
X Add			•	~	#9
Remove					Placida Fl. 33946
2) Change	<del></del>				
Add					*****
Remove					·
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		<del>_</del>			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
*****	<del>V</del>
<del></del>	
,	
	<del></del>
	<del>-</del>
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) adoption:	, if other than the
tate this document was signed.  Effective date if applicable:  (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, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Down April 26 2018	
Dated April 26 2018 Signature Low Bubble	
(By a director, president or other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	er court
^	
Colin Bartolain (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	<del></del>