P1800017135

(Re	questor's Name)	
(Ad	dress)	
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(/ (3)	uicaa,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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C. GOLDEN MAR 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONE TEAM	PROFESSIONALS INC.
DOCUMENT NUMBER: P18000017735	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
RUBEN SALVATELI	_A
	Name of Contact Person
ONE TEAM PROFES	SIONALS INC
	Firm/ Company
214 S OAK ST	
	Address
KISSIMMEE, FL 3474	44
	City/ State and Zip Code
RUBENSALVATELLA@G	MAIL COM
_	be used for future annual report notification)
E-man audress: (a	ble used for future annual report notification)
For further information concerning this matter	r, please call:
RUBEN SALVATELLA	at (407 414-6151
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ONE TEAM PROFESSIONALS INC

2019 1117 | 5 51 4: 09

(Name of Corpo	ration as currently filed with the Fl	orida Dept. of State)
P18000017735		
(Do	cument Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Cor	poration adopts the following amendment(s) t
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp, " "Inc," or "Co". A profession	or "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>)		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		A
 If amending the registered agent and/or reg new registered agent and/or the new register 		ter the name of the
Name of New Registered Agent		.
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	abliqueinus afelia maritian
I hereby accept the appointment as registered age	ч 1 ат јатинаг wun апа ассерт the	oongunons of the position.
	C' () (D)	
	Signature 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.

<u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	BEATRIZ SALVATELLA	2453 AUGUSTA WAY
Add			KISSIMMEE, FL 34746
X Remove			
2) X Change	P	RUBEN SALVATELLA	2453 AUGUSTA WAY
Add			KISSIMMEE, FL 34746
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
_	
	
<u> </u>	
	
If an amendment provides for an exch	nange, 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)	
	

	3-12-2018	
The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.	8-2018	
Effective date <u>if applicable</u> :	<u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 3	Zak	
Dated		
Si		
Signature (By a	director, president or other officer – if directors or officers have not been	
	ed by an incorporator – if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	RUBEN SALVATELLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	