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AUG 0 9 2018 T. LEWIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	OCORP			
DOCUMENT NUMBER: P18000052728				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:			
 EVILIO AGUILERA				
	Name of Contact Person			
945 SE 12th ST APT 2-E	Firm/ Company			
Address HIALEAH,FLORIDA, 33010				
	City/ State and Zip Code			
acostaestevezacct@gmail.com				
E-mail address: (to be t	sed for future annual report notification)			
For further information concerning this matter, plea	ise call:			
EVILIO AGUILERA	305 877-3709			
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 \ \tag{\text{-\subset} \subset \subs	S43.75 Filing Fee & S52.50 File Certified Copy (Additional copy is enclosed) Certified Copy (Additional is enclosed)	of Status Copy Il Copy		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle		

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Florida Dept. of Side AU6 -6 P 2: 35 STEP FOR TWO CORP P18000052728 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 945 SE 12th ST APT 2-E ,HIALEAH,FL,33010 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 945 SE 12th ST APT 2-E ,HIALEAH,FL,33010 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</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)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	r
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	8/1/2018	
Signature	Cirus -	
(By a select	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 ited fiduciary by that fiduciary)	
	EVILIO AGUILERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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