P18000069986

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OBER MA	NAGERS, INC	
DOCUMENT NUMBER: P18000069986		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fed	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following	:
DAVID W. SOUTHV	WELL	
	Name of Contac	t Person
TRUST ADVISORS	CORPORATION	
·	Firm/ Comp	any
5781-B NW 151 STR	•	•
	Address	
MIAMI LAKES, FL	33014	
	City/ State and Z	ip Code
AGENT@TRUSTADVISO	DRSCORP.COM	
•	to be used for future annua	report notification)
		•
For further information concerning this matte	er, please call:	
DAVID W. SOUTHWELL	at (35 822-8161 Area Code & Daytime Telephone Number
Name of Contact Person	F	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florid	da Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		Certificate of Status
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

OBER MANAGERS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000069986 (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: The new 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." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (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: (City) 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

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D/T	ALISA VOLKOVA OBER	3261 SEAWARD DRIVE
Add			POMPANO BEACH, FL 33062
Remove			
2) Change			
Add			···
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	_
Add			
Remove			
6) Change			····
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
	1 Min	<u> </u>
		 =
		•
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame:	endment it not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment it not contained in the amendment user:	
	endment if not contained in the amendment itself:	
	endment if not contained in the amendment itself:	
	endment if not contained in the amendment diseri:	
	endment if not contained in the amendment diseri:	
provisions for implementing the ame: (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	endment if not contained in the amendment diseri:	

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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amend afficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following streach 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 add action was not required.	opted by the board of directors without shareholder action and share	eholder
Dated Signature (By a compared)	DBER 8, 2018 DBER 7, president or other officer – if directors or officers have not	been
	d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	r coun
	DAVID W. SOUTHWELL	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	