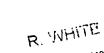


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	(Address)	
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ECRETARY OF STAIL

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Ocas Distributors Inc				
DOCUMENT NUMBER: P18000075033				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Amauri Roca Name of Contact Person OCAS DISTRIBUTORS Inc				
Firm! Company				
2281 SW 16 Th CT Address				
Miami, FL 33145 City/ State and Zip Code				
OCashistributors @ amail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amauri Roca 11 (786) 262-4364				
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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

	of	
Ocas Distribu		2018 SEP 25 AM 11: 3 Florida Dept. opsibre TARY OF STATE TALLAHASSEE, EL
(Name of Corp	poration as currently filed with the	Florida Dept. of Store Topy
2100	100075027	TALLAHASSESTATE
(1	Document Number of Corporation (i	I known)
suant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(
If amending name, enter the new name of	the corporation;	
	<u> </u>	The new
ne must be distinguishable and contain th orp.," "Inc.," or Co.," or the designation		
rp.,		
, ,	•	.1/p
Enter new principal office address, if appl		NITT
ncipal office address <u>MUST BE A STREE</u>	I ADDRESS)	
		-
		,
Enter new mailing address, if applicable:		12/A
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
		i e
	-	
If amending the registered agent and/or re	egistered affice address in Florida	enter the name of the
new registered agent and/or the new regis		enter the name of the
		2
Name of New Registered Agent	\mathcal{N}_{I}	<u>/</u>
	•	
	(Florida street adliress)	
	.1/2	
New Registered Office Address:	$\mathcal{N}\mathcal{A}$, Florida
	(City)	(Zip Code)
v Registered Agent's Signature, if changin	g Registered Agent:	
reby accept the appointment as registered as	gent. I am familiar with and accept	the obligations of the position.
	,	
	0/n	
	N/H	
	Signature of New Registered Agen-	t, 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	MARY L GARCIA	2281 SW 16th ct MIAMI, FL 33145
X Add			MIAMI, FL 33145
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 Article (Attach additional sheets, if necessary). (es, enter change(s) here: Be specific)
75/	
· · · · · · · · · · · · · · · · · · ·	
-	
. If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amends (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
<i>O_[//</i> _	
1000	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	/
Effective date if applicable: $Q / 2 + 2018$	<u> </u>
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	nory filing requirements, this 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 by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	·
(voting group)	
The amendment(s) was/were adopted by the board of directors without s action was not required.	narcholder action and shareholder
□ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	nolder action and shareholder
Dated 9 21 2018	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	
Amauri Te	2 occ
(Typed or printed name of p	erson signing)
Presid	ent.
(Title of person	signing)