P18000088908

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NAME:

OMC CAFÉ INC.

TYPE OF FILING: AMENDMENT

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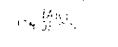
AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314



2018 NOV -5 PM 14: 21

NAME OF CORPORATION: OMC CAFE INC.							
DOCUMENT NUMBER: P18000088908							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Laura Louie						
	Name of Contact Person	n					
B & I. Pr	B & I. Professsional Business Services LLC						
	Firm/ Company	-94					
	39 Kunker Avenue						
• Sindado	Address						
	Latham, NY 12110						
	City/ State and Zip Cod	e					
uea302@gmail.com							
	sed for future annual report	notification)					
- · · · · · · · · · · · · · · · · · · ·							
For further information concerning this matter, pleas	se call:						
Laura Louie	at (<u>518</u>	608-6082					
Name of Contact Person	at (518) 608-6082 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 Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address		Address					
Amendment Section Division of Corporations	Amendment Section Division of Corporations						

Clifton Building

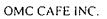
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of





(Name of Corporation	n as currently filed with the Florida Dept. of State)
	P18000088908
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
OMG CAFE FL INC.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
hereby accept the appointment as registered agent. It	am familiar with and accept the obligations of the position.
Simat	ure 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	· · · · · · · · · · · · · · · · · · ·
	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(i) noi applicable, indicale (V/A)	
(if not applicable, indicate N/A)	
(ij not applicable, indicale MA)	

The date of each amendment(s) ad	option:	, if other than the
date 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendm fficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stee 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)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharel	holder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholde	er
10/31/2018 Dated		
Signature	In	
(By a di selected	rector, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	Xin Jian Lin	
•	(Typed or printed name of person signing)	
	President	

(Title of person signing)