P19000001287

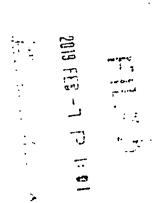
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATIO	N: OPTIC, INC.		
DOCUMENT NUMBER: P			
The enclosed Articles of Ame		bmitted for filing.	
Please return all corresponder	ce concerning this ma	tter to the following:	
STEVI	EN FEINBERG		
		Name of Contact Person	1
		Firm/ Company	
14980	BEL AIRE DRIVE SO	OUTH	
		Address	
PEMB	ROKE PINES, FL 330)27	
		City/ State and Zip Cod	e
SFEINBERG	i80@GMAIL.COM		
E-	mail address: (to be us	sed for future annual report	notification)
For further information conce	rning this matter, pleas	se call:	
STEVEN FEINBERG		at (986-0448 de & Daytime Telephone Number
Name of Contr	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	lowing amount made	payable to the Florida Depa	artment of State:
-	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 6 Tallahassee	Section Corporations 27	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

OPTIC, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P19000001287 (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: FABRIX, INC. 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 MUST BE A STREET ADDRESS) 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: _, Florida 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<u> </u>	<u>.</u>		
Add				
Remove				
6) Change				
Add		_		
Remove				
remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
· · · ·	
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
01/04/19 Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this ent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	it(s)
	by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
bv	."	
-	(voting group)	
☐ The amendment(s) was/were adopted taction was not required.	by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated	01/19	SIGNITERE
Signature		SIGNITAL
(By a director selected, by a	r. president or other officer — if directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other coluciary by that fiduciary)	
STE	VEN FEINBERG	
	(Typed or printed name of person signing)	
	Piesident (Title of person signing)	
	(Title of person signing)	