P1900000 9309

(Req	uestor's Name)	
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JUL 24 **2019 S. YOUNG**

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		RPRISES HOLDING GROU	P, INC.
DOCUMENT NUME	P19000009309 BER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	GAYANA OUZO		
		Name of Contact Person	
	20944 SHERMAN WAY ST	Firm/ Company E 115	
	CANOGA PARK, CA 91303	Address 3	
		City/ State and Zip Code	
COM	PCAREMANAGEMENT@O	GMAIL.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
GAYANA OUZO		818 at (262-7355
Name c	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building Recutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

α	OBAL	ENTERP	RISES HOL	DING	ROUP	INC

(<u>Name (</u> P19000009309	of Corporation as curren	tly filed with the Florida Dept. of State	<u>e)</u>		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, thi	s Florida Profit Corporation adopts the	following	amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation nan	or the ab-		tion
B. Enter new principal office address,		· 20944 SHERMAN WAY STE 217		_	
(Principal office address MUST BE A S		CANOGA PARK, CA 91303			
			<u> </u>	19	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20944 SHERMAN WAY STE 217	書が	i Inf	=======================================
		CANOGA PARK, CA 91303		<u>ග</u>	
			== 0	_(_) _	
D. If amending the registered agent an new registered agent and/or the new			意兰	: 	
Name of New Registered Agent	WILLIAM IACOVONE				
	476 BALSAM CT				
New Registered Office Address:	(Florida y MARCO ISLAN	treet address) , Florida	34145		
	-	(City)	(Zip C	ode)	_
New Registered Agent's Signature, if c	agageni. 1 am familian		osition.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = Clear Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	P	WILLIAM IACOVONE	476 BALSAM CT
X Add			MARCO ISLAND
Remove			FL, 34145
2) Change	MANAC	HOWARD FRANK	476 BALSAM CT
X Add			MARCO ISLAND
Remove			FL. 34145
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 -	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additio Attach <i>additional sheets, if nec</i>	zssary). (Be specific)	~		
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f an amendment provides for	an exchange, reclassi	fication, or cancellation	on of issued shares,	
provisions for implementing (if not applicable, indicate	tne amendment if not ? N/A)	contained in the amei	idment itself:	
				
			<u> </u>	
				<u> </u>
				
				

The date of each amendment(s) ad date this document was signed.	loption:, if other tha
Effective date if applicable:	
	(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, this date will not be listed as partment of State's records.
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 amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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	<u> </u>
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
06/01/19 Dated	De Secocone
(By a d	rector, 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 court led fiduciary by that fiduciary)
	William Iacovone
	(Typed or printed name of person signing)
	President
	(Title of person signing)