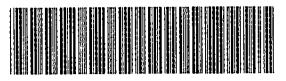
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2020 APR 29 PM 2: 36

ON 5/12/20

## **COVER LETTER**

NAME OF CORPORATION:

OHF MOTORS CORPORATION

PIGO 000 19 11 9

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXIS PEREZ MUSTOFO.

Name of Contact Person

Firm/ Company

10 705 Sw 216 Hw STREET boy 208

Address

Address

City/ State and Zip Code

SCSERVICES 101 O 9 Mail. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXIS PEREL MUSTOFO

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

☐ \$35 Filing Fee

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

■\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## Articles of Amendment

to
Articles of Incorporation

- 1~ · ·	of			
OHF Motors co	RPORTION			
(Name of Corporation as curr	ently filed with the Florid	la Dept. of State)		-
P190000 19	119			
(Document Numb	per of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Florida Statutes,	thic Florida BunGa Comm			
ts Articles of Incorporation:	uns Pioriaa Projii Corpora	ition adopts the follo	wing amendn	nent(s
A. If amending name, enter the new name of the corporation	·			
	<u></u>			
name must be distinguishable and contain the word "corporation,	" "company " or "incorna	votad" on the akkumi	The ne	
inc., or Co., or the designation "Corp," "Inc." or "Co-	A professional corner	raiea or ine apprevi ition name must cor	auon Corp., itain the wor	rd
chartered." "professional association," or the abbreviation "P	A."			
3. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRESS</u> )				
	<del></del>	<del></del>		1.51 1.51
	<del></del>	<del></del>	<u> </u>	
Enter new mailing address, if applicable:				폭글-
(Mailing address MAY BE A POST OFFICE BOX)			9	- A-F
			P :	.:33€
			- ~	- 3/
			<u> </u>	÷ • •
. If amending the registered agent and/or registered office a	ddress in Florida, enter t	he name of the		
new registered agent and/or the new registered office addr	ress:			
Name of New Registered Agent				
(Florida	street address)			
New Registered Office Address:		, Florida		
	(City)		ip Code)	
Desire A. A. O.				
ew Registered Agent's Signature, if changing Registered Agenereby accept the appointment as registered agent. I am familion	ent: or with and account the oblid	rations of the marteis		
	ar with and accept the oblig	canons of the position	7.	
Signature of New	Registered Agent, if chang	zing	_	
heck if applicable				
The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e), F.S.			

If amending the Officers and/or Directors, enter the title and name of each officer/director being remarkdress of each Officer and (or Directors).	aved and title name and
address of each Officer and/or Director being added:	oved and title, hame, and
All I I I I I I I I I I I I I I I I I I	

(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>	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			
Add  Remove  2) Change	P	Omore Hernan	DEZ-PIEMOUE FROM ARTICLES
Add  Remove Change	P	MEXIS PEREZ MUS	TOFA - ADD TO DOTICIES
Add  Remove  4) Change		REMOUE ADDRESS	5 - 126201 OUENSENS Dwg.
Add		DDD DODNESS-	12705 SW 216-th STREET 614 208 MIGMI F1 33170
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

\* All Changes is on the ARTICLES only.

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
WE NEED TO REMOVE the NAME:  OMAN HERNANDEZ FERNANDEZ ADUD THE  ADDRESS: 106701 OVERSEDS HUY FROM the  ARTICLES and:
Put: Alexis Penez Mustofa 10705 SW 216+1/1 Street bay 208 MIGMI FLORIDA 33170
* the Arincipal Address Mailing address Registers agent, officer Director Must BE: the Articles Also Must BE: Also Must BE:
10705 SW 216th STREET by 208 Minni Fl 33170
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

	(	03/12/202	.0	if ather than the
The date of each amendment(s) adoption: date this document was signed.	0.5	3/12/2020		, if other than the
Effective date <u>if applicable</u> :	- Community of the Office Offi	) days after amendme	J uni filo data)	
	(no more than 91	raays ajter amename	m jne aaej	
Note: If the date inserted in this block does locument's effective date on the Department		able statutory filing	requirements, this date wi	Il not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by t action was not required.	he incorporators, or b	ooard of directors wit	hout shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient f		number of votes cas	t for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vote				
"The number of votes cast for the ar	mendment(s) was/wer	re sufficient for appro	oval	
by			·"	
(	(voting group)			
Dated04/25	12020			
Signature	an an	•		
(By a director, p.	resident or other offic			
	incorporator <b>f</b> if in the iary by that fiduciary)		trustee, or other court	
···	Alexis	PEREZ	MUSTAFA	
	(Typed or printed	name of person signi	ig)	
	(	JUNERY	DIRECTOR	2
	(Title of person sig	gning) /		