## P19000019119

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## COVER LETTER

\* TO: Amendment Section Division of Corporations NAME OF CORPORATION: OHF MOTORS CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OMAR HERNANDEZ FERNANDEZ Name of Contact Person OHF MOTOR'S CORPORATION Firm/ Company 10705 SW 216 ST BAY 208 Address MIAMI, FLORIDA 33170 City/ State and Zip Code OHFMOTORS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 ) 2271490

Area Code & Daytime Telephone Number OMAR HERNANDEZ FERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32B14

## Articles of Amendment to Articles of Incorporation of

FILED

OHF MOTORS CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) P19000019119 (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: 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 BR 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: 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 Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Office	rs and/or D	irectors, enter the title and	name of each officer/di	rector being removed and title, name, and
address of each Officer	and/or Dii	ector being added:		
(Attach additional sheet	s, if necessa	by)		
		by the first letter of the office		
P = President; V = Vice	President;	T= Treasurer; S= Secretary	; D= Director; TR= Tru	stee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO	= Chief Fin	ancial Officer. If an officer/d	irector holds more than o	one title, list the first letter of each office held
President, Treasurer, D.	irector woul	d be PTD.		
Changes should be note	d in the follo	wing manner. Currently Jos	hn Doe is listed as the PS	ST and Mike Jones is listed as the V. There is
a change, Mike Jones le	aves the cor	poration, Sally Smith is nam	ed the V and S. These sh	ould be noted as John Doe, PT as a Change,
Mike Jones, V as Remov	e, and Sally	Smith, SV as an Add.		
Example:				
X Change	<u>PT</u>	<u>ohn Doe</u>		
X Remove	$\underline{V}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
(Check One)				

X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ALEXIS PEREZ MUSTAFA	
Add			
X Remove 2) Change	P	OMAR HERNANDEZ FERNANDE <b>Z</b>	
X Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

WE NEED TO REM	MOVE ALEXIS PERE	LMUSTAFA FI	COM THE COM	PANY ENTIRE	LY	
ADD OMAR HERN	NANDEZ FERNANDE	Z AS 100% SO	LE OWNER OF	THE CORPOR.	ATION	
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	it provides for an excl					
provisions for i (if not apple	implementing the ame icable, indicate \$//A)	ndment if not c	ontained in the	amendment its	<u>:11:</u>	
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`	10/4/2022	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
10/4/	2022	
Effective date <u>if applicable</u> :	<b>■√₩</b>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and sh	iareholder
☐ The amondment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
` ,	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	2022
"The number of votes cast t	(voting group)	8
by		5
	(voting group)	- T
DatedSignature	mut	P1 E1
	ecfor, president or other-officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	d'fiduciary by that fiduciary)	
	OMAN HERNANDEZ FERNANDEZ.	
	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	
	1	