

Jul 23 2019 09:47 AM NE PA 3054421227

page: 1

7/23/2019

Division of Corporations

FAX AUDIT NO: H19000220820 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000220820 3)))



H190002208203ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mfreeman@freemanmiami.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
2501 OTM CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

CC
Amend

JUL 24 2019

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H19000220820 3

FAX AUDIT NO.: H19000220820 3

2019 JUL 23 AM 9:23

**ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION
OF
2501 OTM CORP., A Florida corporation
Assigned Document Number P19000054201**

Pursuant to the provision 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:

_____ The new 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 Resident Agent:

_____ (Florida street address)

New Registered Office Address:

_____, Florida _____

(city)

(Zip Code)

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

FAX AUDIT NO.: H19000220820 3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements; this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)**(CHECK ONE)**☐

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

☒

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐

The amendment(s) was/were adopted by the incorporates without shareholder action and shareholder action as not required.

Dated: _____

7/23/19

Signature: _____

M. J. Freeman V.P.

By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael J. Freeman

(Name of person signing)

V.P.

(Title of person signing)