P19000072863

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COVER LETTER

TO: Amendment Section Division of Corporations ' NAME OF CORPORATION: ONE STOP CYCLE CORP DOCUMENT NUMBER: P19000072863 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN ALZATE Name of Contact Person Firm/ Company 4117 NW 135 STREET Address OPA LOCKA FL 33054 City/ State and Zip Code CHEA0312@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (\frac{954}{\text{Area Code & Daytime Telephone Number}} JUAN ALZATE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐543.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fcc Certificate of Status Certificate of Status Certified Copy (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

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

ONE STOP CYCLE CORP

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P19000072863	tiv med with the figurea pept, of state)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office adores new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	Florida
	tCity) tZip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New F	Registered Agent, if changing
,	Company of the second of the s

Check if applicable

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

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)

Example:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>v</u>	ELIZABETH ALZATE	11712 SW 52 STREET
X Add			COOPERCITY FL 33330
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
KCHIOVC			

Attach a	ding or adding additional Artic additional sheets, if necessary).	(Be specific)			
		<u> </u>	-	· · · · · · · · · · · · · · · · · · ·	
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fan an	nendment provides for an excha	inge, reclassification	on, or cancellatio	n of issued shares	.
provisi	ions for implementing the amen	dinent if not conta	ined in the amen	idment itself:	_
ιņ	not applicable, indicate N/A)				
					
	. .				
		.			
		_			
_ 	······				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		•
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
SEPTEM Dated	BER 28 2020	
By a selec	director, president or other officer – if directors or officers have not bee ted, by an incorporator – if in the hands of a receiver, trustee, or other co med fiduciary by that fiduciary)	
	JUAN C ALZATE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 .