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(Red	questor's Name)	
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ON 1	CINC	
DOCUMENT NUMB	er: <u>P2000</u> (0068255	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
-	Robert	Ratista Name of Contact Person	1
-		Firm/ Company	
-	2352 N. D.	vie Highwa	ay
-	Hollywood,	FL 3362	<u>O</u>
-	Chatista31 E-mail address: (to be us	27 Camai ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Robert Name o	Batista f Contact Person	at (954	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State.
\$35 Filing Fee	□\$43.75 Fifing 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)
Mail	ing Address	Street	Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment

Articles of Incorporation of

ONYC IN	1C	\tilde{l} . A.	-2 4111.5-
(Name of C	orporation as currently	filed with the Florida D	ept. of State)
<u> </u>	825 <u>5</u>	Communication (20)	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>F</i>	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain the "Inc.," or Co," or the designation "Corp" chartered," "professional association," or i	"" "Inc." or "Co". A		
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or new registered agent and/or the new re		ess in Florida, enter the i	name of the
Name of New Registered Age	_ 352 N.D	ixie Highu	<u> </u>
	(Florida stree	et address)	1
New Registered Office Address:	tollywood	Sity)	, Florida <u>33020</u> (Zip Code)
New Registered Agent's Signature, if change thereby accept the appointment as registered		ish and accept the obligati	ons of the position.
	Signature of New Re	gistered Agent, if changin	g
Z1). 1 '6 1: 1)			

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)

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 = Trusiee; 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>	<u>John Doc</u>	
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>	Address
1) Change	P	Robert Batista	2352 N. Divie Hwy
Add			Hollywood, FL 33020
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/A	sheets, if necessary).	(be specifie)			
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an amendment	provides for an excl	nange, reclassificati	ion, or cancellation	of issued shares,	
orovisions for in	iplementing the amouble, indicate N/A)	ndment if not cont	ained in the amend	ment itself:	
I A	ioie, maicale (N/A)				
11+					
					

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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 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) Signature (By Adirector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)