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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Roha Ophir Miner	als, Corp.			
	BER: P20000076317				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Marketa Ponce				
		Name of Contact Person			
		Firm/ Company			
	16501 SW 81st Ave				
		Address			
	Palmetto Bay, FL 33157				
	1.2.2.2.2	City/ State and Zip Code			
	Handsman@mindspring.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Mark Pomeranz		at ( 305	) 389-6600 le & Daytime Telephone Number		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State;		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

**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

to

## Articles of Incorporation

	· of
<u>Koha Oph</u>	nr Mineral, ('Crp
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
	PDDDTDDTIASIT
(Docum-	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
"Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
	DIO.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	_
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the
Name of New Registered Agent	
	tFlorida street address)
New Registered Office Address:	. Florida
sen regimered Office Address.	(City) (Zip Code)
Now Danietarad Agant's Signature, if changing Dagi	istored Agent:

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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 = 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>b.L.</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Mark Pemoranz	1920 E Hallandale Beach Bouleva
X Add			Hallandale Beach, FL 33009
Remove			<del></del>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
N/A	
<u>.                                    </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued share	<u>28.</u>
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
_ <del></del>	

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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
October 8, 2020 Dated	
Signature (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Marketa Ponce	
(Typed or printed name of person signing)	
Treasurer	

(Title of person signing)