Pa1000095332

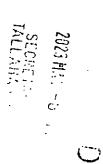
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
JUL 17 2023			

Office Use Only



100408252741

05/08/23--01012--015 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Oizup Managemer	nt Company, Inc.	
DOCUMENT NUM	BER: P21000095332		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Steven A. Ramunni		
		Name of Contact Person	1
	Steven A. Ramunni, P.A.		
		Firm/ Company	
	P.O. Box 1118		
		Address	
	LaBelle, FL 33975		
	-	City/ State and Zip Code	2
	debbie@sramunnipa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	230-2268
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of



Oizup Management Company, Inc.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000095332	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Oizup Management Company of Florida, Inc.	The new
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
B. 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)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	
trioria și	reet address)
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			- - 	
Remove				

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	
		
	 	_
_		
If an amendment provides for an exch	ange, reclassification, or cancellation	of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in the amend	dment itself:
		<u> </u>

.

•	r	,	

About 21, 2023 The date of each amendment(s) adoption: date this document was signed	_ if other than the
April 20-2023 Effective date it applicable: Gauge was then 20 then 20 then invendoes in the state of	

Note: If the date inserted in this block does not meet the applicable statingry fifting requirements, this date will not be listed as the document's effective date on the Department of State's records

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

The amendments) was were approved by the shareholders dirough voting groups. The hillowing statement must be separately provided to each coting group contlect to cote separately on the amendment of

2 The number of votes cast for the amendment(s) was were sufficient for approval

be

(volug graipa

Haled

Sepatture

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

Thaddens Puzio

Clyped or printed name of person agains)

President

(1) the of person signing)