Division of Corporations Electronic Filing Cover Sheet

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(((H24000124778 3)))



H240001247783ABC2

To:		
	Division of Corporations	
	Fax Number : (850)617-6380	
From:		
	Account Name : DMG FINANCIAL SERVICES INC	•
	Account Number : I20230000151	
	Phone : (305)595-2407	
	Fax Number : (305)595-2408	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN O O J INVESTMENT INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2024 APR -4 AM 10: 45

## **COVER LETTER**

TO: Amendment Section
Division of Corporations
•

NAME OF CORPO	RATION: O O J INVESTM	ENT INC	
DOCUMENT NUMI	BER:		
	of Amendment and fee are si	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	MARIA E RUIZ		
	DMG TAX SERVICES INC	Name of Contact Person	n
Firm/ Company 7750 SW 117TH AVE SUITE 203			
	MIAMI FLORIDA 33183	Address	
		City/ State and Zip Cod	e
	MARIAQUIROS9@HOTM	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
MARIA E RUIZ		at (305	595-2407
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fcc	☐\$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)
Ame Divis P.O.	ing Address indinent Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address unent Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

to

## Articles of Amendment to Articles of Incorporation of

O O J INVESTMENT INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P22000053957	_
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	ndment(s
A. If amending name, enter the new name of the corporation:	
The	леш
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co". "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	orp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	_
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	

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>PT</u>	John Doe	
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>	<u>Addres</u> s
i) Change	VP	ORLANDO LORENZO J	3890 SW 129 AVE
Add			MJAMI FLORIDA 33175
X 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 Art Attach additional sheets, if necessary).	(Be specific)
*****	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

	04/04/2024	
The date of each at date this document	imendment(s) adoption:	, if other than the
	04/07/2024	
Effective date if ap	pplicable:  (no more than 90 days after amendment file date)	
Note: If the date is document's effective	inserted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	ot be listed as the
Adoption of Amen	ndment(s) (CHECK ONE)	
The amendment(	e(s) was/were adopted by the incorporators, or board of directors without shareholder action and slequired.	nareholder
	ders was/were sufficient for approval.	
	t(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):	
"The numb	ber of votes east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
D	Dated	
S	Signature y	-
	(By a director, president on other officers 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)	
	JOEL O LORENZO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	