P22000069892

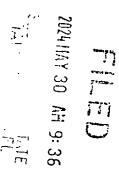
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ONI Design Grou	p Inc				
DOCUMENT NUMBER: P22000069892						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Mary G. Bielaska					
	Name of Contact Person					
	Zanicorn International Ltd.					
	Firm/ Company					
	10671 Roselle St., Suite 200					
	Address					
	San Diego, California 92121					
		City/ State and Zip Code	2			
	mary.bielaska@zanicorn.con	n				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Mary G. Bielaska		at (761-2197			
Name	of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check for	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)	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee i. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation

of

ONI Design Group Inc	FILER
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P22000069892	2024 ITAY 30 AM 9: 36
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>.</u>
Not applicable	
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 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	445 Merrick Road
(Principal office address MUST BE A STREET ADDRESS)	Lynbrook, New York 11563
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	445 Merrick Road
	Lynbrook, New York 11563
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address Name of New Registered Agent Not applicable	ddress in Florida, enter the name of the ess:
(E) wid.	street address)
	street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position.
	, σ, το γ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
Signature of New	Registered Agent, if changing
Charle if annicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT	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	<u>Addreş</u> s
1) X Change	PD	Nduka Ikoro	625 S. Goddard Blvd.
Add			Apt. 313
Remove			King of Prussia, PA 19406
2) Change	PTD	Onuoha Ikoro	445 Merrick Road
Add			Lynbrook, New York 11563
X Remove 3) Change X Add	STD	lkoro N. lkoro	2631 Annin St. Philadelphia, Pennsylvania 19146
Remove 4) Change	S	Nduka Ikoro	625 S. Goddard Blvd.
Add			Apt. 313
X Remove			King of Prussia, PA 19406
5) Change		<u>.</u>	
Add			
Remove		`	
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idinest if not contained in the amendment itself:

The date of each date this docume	n amendment(s) adoption:	, if other than the
	•	
Effective date <u>if</u>	(no more then 90 days after amendment file date)	
Note: If the date document's effect	e inserted in this block does not meet the applicable statutory filing requirements, this date will n tive date on the Department of State's records.	ot be listed as the
Adoption of Am	endment(s) (<u>CHECK ONE</u>)	
☐ The amendme	int(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder.	areholder
The amendme	nt(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) olders was/were sufficient for approval.	
☐ The amendme	nt(s) was/were approved by the shareholders through voting groups. The following statement cately provided for each voting group entitled to vote separately on the amendment(s):	
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	05/24/2024 Dated Signature	
	(By a director, president or other officer – 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)	
	Nduka Ikoro	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	