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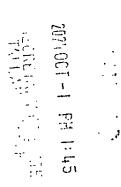
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OM IDEA AGENO	CY INC		_
DOCUMENT NUMBI				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	OTIS MILLER			
-		Name of Contact Perso	 n	
	OM IDEA AGENCY	INC	•	
_		Firm/ Company		
	200 E LAS OLAS BLY	/D STE 1400		
_	· · · · · · · · · · · · · · · · · · ·	Address		
	FORT LAUDERDA	LE FL 33301		
-	•	City/ State and Zip Cod	e	
	OMJ@C-ISTUDIOS	S.COM		
	E-mail address: (to be us	sed for future annual report	notification)	1007
For further information	concerning this matter, pleas	se call:		2024 OCT -1 PH 1:45
OTIS MILLER		240 at (462-5876	
Name of	Contact Person		de & Daytime Telephone N	umbèr,
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	ក្នុ ភ្នំ
\$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)	
	ng Address		Address	
Amen	dment Section	Ameno	Iment Section	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

OM IDEA AGENCY INC

(Name of Corporation as curren	tly filed with the Fl	orida Dept. of State)
P24000026199		
(Document Number	of Corporation (if ki	юмл)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A		77
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 cor	The new orporated or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address, if applicable:	N/A	r.
(Principal office address MUST BE A STREET ADDRESS)		17. C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	25 B
D. If amending the registered agent and/or registered office ad-		ter the name of the
Name of New Registered Agent N/A		
(Florida s	treet address)	
None Productional (200 car Address) N/A		. Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		obligations of the position.
Signature of New 1	Registered Agent, if	changing

Check if applicable

■ 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 necessar)

Example:

Please note the officer/director title by the first letter of the office titl:

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> <u>Johr</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TRS	EUNICE TAN	200 E LAS OLAS BLVD STE 140
XAdd			FORT LAUDERDALE FL 33301
Remove			
2) Change	CHAIR ———	BRANDON BAKER	200 E LAS OLAS BLVD STE 140
XAdd			FORT LAUDERDALE FL 33301
Remove 3) Change			1部 草
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
ර) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
OFFICERS ADDED THIS DATE(9/23/24) HAVE NO SHARES ISSUEI	O OR OWNERSHIP IN COMPANY
	
F. If an amendment provides for an exchange, reclassification, or cano	cellation of issued shares,
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	e amendment itself:
(i) not applicable, indicate WA)	
N/A	•
	5EC
	· · · ·
	<u>n</u>
	<u> </u>
	The state of the s

		6//7/2024	
The date of each	amendme	ent(s) adoption:	, if other than the
date this documen	t was sigr	red.	
		08/27/2024	
Effective date <u>if a</u>	<u>ipplicable</u>		_
		tno more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date in the Department of State's records.	will not be listed as the
Adoption of Ame	endment(s	(CHECK ONE)	
The amendment action was not		were adopted by the incorporators, or board of directors without shareholder action	and shareholder
		were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	
		were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	t
"The nun	nber of vo	tes cast for the amendment(s) was/were sufficient for approval	
bv			
		(voting group)	
		W22/2/2/1	
	Dated	9/23/2024	
	Signature	Atw Miller	202 ^b SE
		(By a director, president or other officer – if directors or officers have not been	3000 N
		selected, by an incorporator – if in the hands of a receiver, trustee, or other courts appointed fiduciary by that fiduciary)	
		OTIS MILLER	
		(Typed or printed name of person signing)	TEO TE
		CFO	五五
		(Title of person signing)	हाँ ज