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07/11/24

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: OMNOS Inc.			
DOCUMENT N	122 1/2/20122			
The enclosed Art	icles of Amendment and fee are si	ubmitted for filing.		
Please return all o	correspondence concerning this ma	atter to the following:		
	JOSUE CRISTOPHER			
		Name of Contact Person	п	
		Firm/ Company		
	11225 SUMMER STAR DR	R.		
	RIVERVIEW FL 33579	Address		
	···	City/ State and Zip Cod	e	
	omnosine@gmail.com			355E
For further inform	E-mail address: (to be unation concerning this matter, plea	sed for future annual report ase call:	notification)	S TATE
JOSUE CRISTO	PHER	at (<u>917</u>	741-0204	
Name of Contact Person		Area Code & Daytime Telephone Number		nber
Enclosed is a che-	ck for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fo	ee S43.75 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)	
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

PM 2: 05

Articles of Amendment to Articles of Incorporation of



(Document	t Number of Corporation (if know	vn)		
rsuant to the provisions of section 607,1006, Florida St Articles of Incorporation:	atutes, this <i>Florida Profit Corpo</i>	ration adopts the follo	wing ame	ndmei
If amending name, enter the new name of the corp	oration:			
			The	new
me must be distinguishable and contain the word "corpo ac.," or Co.," or the designation "Corp," "Inc," o hartered," "professional association," or the abbrevia	r "Co". A professional corpo	orated" or the abbrevi ration name must con	iation "Ce itain the	orp.," word
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRE</u>	<u></u>			
			779 174	
			- <u></u>	
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·	<u> </u>		
		(A) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	<u> </u>	<u>· ·</u> ·
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		ייו ויו	<u> </u>	
If amending the registered agent and/or registered new registered agent and/or the new registered offi		the name of the		
new registered agent and/or the new registered off	ice nagress.			
Name of New Registered Agent				
	(Florida street address)			
		m.da.		
New Registered Office Address:		, Florida		

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	CEO	JOSUE CRISTOPHER	11225 SUMMER STAR DR
Add			RIVERVIEW FL33579
Remove			5735 WATERSIDE DR
2) N Change	P	JANANTHONY RAMIREZ	APT 105
Add			LAKELAND FL 33805
Remove 3) Change		_	
Add			
Remove			
4) Change			60) 60 s
Add			F
Remove			
5) Change			SECTION SECTION
Add			2: C
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	λ/ / A	
Comment of the control of the contro	••//(
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	Sign 2	
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If an amendment provides for an exchange, reclassification, or o	ancellation of issued shares,	
	i the amendment itself;	
provisions for implementing the amendment if not contained in		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoptio date this document was signed.	n:		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 days o	after amendment file date)
Note: If the date inserted in this block didocument's effective date on the Department		atutory filing requiremen	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board o	f directors without sharel	older action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien		er of votes cast for the an	nendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/were suffic	cient for approval	
by	(voting group)	······································	:
	(voting group)		₹2¥
			三
06/24/24			PP :
Dated	11		E S
.,	/}//		PM 2: 0! Sef states
Signature			Oi en
(By a director,	president or other officer - if	directors or officers have	not been
annointed fide	n incorporator – if in the hands iciary by that fiduciary)	of a receiver, trusiee, or	other court
• •			
JOSU	E CRISTOPHER		
	(Typed or printed name of	person signing)	
MATCO		. 00	
PRES	IDENT		

(Title of person signing)

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