## P24000063685



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: OMEGA ELITE B	UILDERS INC			
DOCUMENT NUM	P24000063688				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	AMANDA KAREN ROSE				
	Name of Contact Person				
		Firm/ Company			
	10 FAIRWAY DR STE 307				
	DEERFIELD BEACH, FL 33	Address 3441			
	City/ State and Zip Code				
		•			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
AMANDA ROSE		at (	439-0570 _) de & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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)		
Ar Di P.G	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OMEGA ELITE BUILDERS INC

(Name of Corporation as	currently filed with the Florida Dept. of State)
P24000063688	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u> )
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BQX</u> )	
	<del></del>
). If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
(F.	Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	ed Agent
hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
hock if applicable	

 $\square$  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)

Example:

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>P1</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>	Address
1) X Change	P	ROSE, AMANDA KAREN	
Add			
Remove 2) Change	<u>T</u>	TADIOLI, ENRICO	
Add X	D	TADIOLI, ENRICO	
Add X	. S	ROSE. AMANDA KAREN	
X Remove  5) Change Add			
Change Add			

ttach additional sheets, if necessary,	rticles, enter change ). (Be specific)			
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an amendment provides for an ex	change, reclassificat	ion, or cancellation	of issued shares,	
rovisions for implementing the ar (if not applicable, indicate N/A)	nendment if not cont	tained in the amend	ment itself:	
(i) not approacte, maissie (viii)				
			<del></del>	
				<del>.</del>
		<del></del>		
		<del></del> -	<del></del>	

	OCTOBER 15.2024	
date this document was signed.	,	, if other than the
C Effective date <u>if applicable</u> :	OCTOBER 15,2024	
rifective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approvai	
by		
-,	(voting group)	
OCTOF Dated	BER 15.2024	
Signature	AR	
sele	a director, president or other officer – if directors or officers have not been beted, by an incorporator – if in the hands of a receiver, trustee, or other coulointed fiduciary by that fiduciary)	
	AMANDA ROSE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	