# P9900000 4658

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# **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: OHIT ENTERPRISES, INC.						
DOCUMENT NUMBER: <u>P99 000004658</u>						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
TINA ANN DOMENTIUEZ  Name of Contact Person						
ONIT ENTERPRISES, INC.						
Firm/ Company						
7827 N. BALE MARRY HWY SUITE 106						
Address						
TAMPA FL 33614						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
TINA ANN SOMENIOUE 2 at (813 ) 538-3464  Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
Mailing Address Street Address						

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DATT ENTERPRISES, Tak.	
	v filed with the Florida Dept. of State)
P990000465B	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	7827 N. DALE MABRY HWY
(Principal office address MUST BE A STREET ADDRESS)	SUITE # 106
	TAMPA FL 33614
	11 41 11 11 11 11 11 11 11 11 11 11 11 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7827 N. DALF MABRY HWY
(Mulling undress MAT BE A TOST OF TICE BOX)	SVITE # 106
	TAMPA, FL 33614
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	
Name of New Registered Agent TIND ANN	DOMINGUEZ
7827, N. BALE	MABRY HWY SOITE 106
·	eet address)
New Registered Office Address: TAMPA	, Florida 33614 (City) (Zip Code)
	(City) (Zip Code) SEC. TAC.
	AC 19
New Registered Agent's Signature, if changing Registered Agent	with and accept the obligations of the position.
I hereby accept the appointment as registered agent. I am familiar v	$\sim$
N C	Sign a m
Signature of New R	Registered Agent, if changing

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:	рт	John Dog	
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>	Address
1) N Change	P	FAUSTINO DONINGLIE?	13364 CANOPY GROVE DI
Add			<u>Apt 102</u>
Remove			TAMPA, FZ 33625
2) <u>£</u> Change	7	TINA Am Boninguez	13364 CANORY GROVE )
Add			(H+ 102
Remove			TAMPO, FL 33625
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damava			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
100 Shares for ONIT ENTERPRISES, INC.
50% -7 50 Shares to TIMA ANN DOMINGIOES
50% 7 50 Shares to FAUSTINO DOMENGIOEZ
30 10 1 30 31 Cles 10 1 1103 200 130 1 Cles 10 L

The date of each amendr date this document was sig	ment(s) adoption:gned.	, if other than the
Effective date <u>if applicab</u>	ole:	•——
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date	I in this block does not meet the applicable statutory filing requirements, this date we on the Department of State's records.	vill not be listed as the
Adoption of Amendment	(CHECK ONE)	
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.	
☐ The amendment(s) was must be separately pro	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):	
"The number of	votes cast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was action was not required	s/were adopted by the board of directors without shareholder action and shareholder it.	
The amendment(s) was action was not required	s/were adopted by the incorporators without shareholder action and shareholder d.	
Dated_	31 MAY 2019	
Signatu	The De	
3,8.4.1	(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)	
	TTMA ANN DEMTNERS (Typed or printed name of person signing)	
	VICE RESIDENT   REGISTERED ACIENT	

the