## V07783

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## <u>CÓVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OYFER COLLECTION CORPORATION
DOCUMENT NUMBER: V0+185
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
OXFEZ COLETION COL
13900 SW 73 AVE
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  Area Code & Daytime Telephone Number
Enclos ! is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status  Certified Copy  (Additional Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

Articles of Amendment
to Articles of Incorporation
of F.
Articles of Amendment to Articles of Incorporation of  (Name of Corporation as currently filed with the Florida Dept. of State)
V D7783
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent 6AP IFLA CARCIA  13900 GW 73 AV  (Florida street address)
New Registered Office Address: (City) Florida 33 5 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Granin
Signature of New Registered Agent, if changing

Check if applicable  $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	I	GABRIFIA GARCIA	13900 SW 73A
X Add			MAM, FL
Remove			33158
2) Change			
Add			
Remove 3) Change		<del></del>	***************************************
Add			
Remove			
4) Change			
Add			***************************************
Remove			
5) Change	-		
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6) Change	-		
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	l sheets, if necessary).	(Be specific)			
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an amendmen	t provides for an excha	nge, reclassification	<u>on, or cancellation</u>	or issued silates.	
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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
Signature  (By a director, president or other officer – in 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)
(Typed or printed name of person signing)
(Title of person signing)