## V13567

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13 OCT 15 PH 12: 55
SECRETARY OF STATE.
ALLAHASSEE FIGURE

C. LEWIS 0CT 2 2 2013 EXAMINER

TO: Amendment Section Division of Corporations

NAME OF COR	AME OF CORPORATION: OMNIA PROPERTIES INCORPORATED				
DOCUMENT N	JMBER:	V13567			
The enclosed Artic	cles of Amendment	and fee are submitted for filing.			
Please return all co	orrespondence conce	erning this matter to the following:			
		MARGARITA ARCILA			
		Name of Contact Person			
		Firm/ Company			
		11269 NW 52 LANE			
	Address				
		DORAL, FL 33178  City/ State and Zip Code			
	E-mail address:	(to be used for future annual report notification)			
For further inform	ation concerning thi	s matter, please call:			
MAF	RGARITA ARCILA	at (305 ) 463-5233			
		Area Code & Daytime Telephone Number			
Enclosed is a chec	k for the following a	mount made payable to the Florida Department of State:			
☑ \$35 Filing Fee	□ \$43.75 Filing Fe Certificate of St		sed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

13 OCT 15 PM 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **OMNIA PROPERTIES INCORPORATED**

(Name of Corporation as co	urrently filed with the Florida Dept. of State)
	V13567
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607, amendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following:
A. If amending name, enter the new nam	e of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or	in the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
B. Enter new principal office address, if a	applicable:
(Principal office address <u>MUST BE A STR</u>	<u>PEET ADDRESS</u> )
	<del></del>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	
	or registered office address in Florida, enter the name of the
new registered agent and/or the new r	egistered office address:
Name of New Registered Agent:	MARGARITA ARCILA
	11269 NW 52 LANE
New Registered Office Address:	(Florida street address)
	DORAL , Florida 33178
	(City) (Zip Code)
New Registered Agent's Signature, if char	nging Pogistored Agents
	ed agent. I am familiar with and accept the obligations of the position.
-	Signature of New 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M	ARCILA LUZ E	11750 SW 18 ST # 530 MIAMI, FL 33175	☐ Add ☑ Remove
		-	
(attach a	dditional sheets, if necessary). (Be	specific)	
<u>provisi</u>		e, reclassification, or cancellation of nt if not contained in the amendme	

er <sub>a</sub>				APPROVED
The date of each amendmen	t(s) adoption: <u>10</u>	/08/2013		FILED
Effective date <u>if applicable</u> :	10/08/2013	(date of adopt	on is required)	13 00T 15 00
	(no more than 9	0 days after ame	ndment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)		EL. FLORIDA
The amendment(s) was/we by the shareholders was/w			ne number of votes c	ast for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amend	dment(s) was/we	re sufficient for appr	oval
by	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the	board of director	s without shareholde	er action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators wi	thout shareholder act	tion and shareholder
Dated 10/	08/2013			
	92	~		_
sele		orator – if in the		ficers have not been trustee, or other court
	MARA	AGARITA ARG	CILA D GIANNGE	ELI
	(Тур	ed or printed nat	ne of person signing	)
		PRES	IDENT	
	(Title of	person signing)		