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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: OM AIR SERVIC	ES, INC		
	1BER: P02000107495			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	TATIANE LIMA			
		Name of Contact Person	1	
	TALENT MULTISERVICE	S INC		
		Firm/ Company		
	851 BROKEN SOUND PAR			
	<del></del>	Address		
	BOCA RATON FL 33487			
		City/ State and Zip Code	2	
	CONTACT@TALENTBM,C	COM		
		sed for future annual report	notification)	
For further informati TATIANE LIMA	on concerning this matter, plea		505-4264	
	e of Contact Person	at (	) 505-4264 de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OM AIR SERVICES, INC.

UM AIR SERVICES, INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P02000107495	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
OM AIR SUPPLY DISTRIBUTOR INC	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NIV
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	·
C. Catan non-relieve differentiable	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_N_A
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	သ
Name of New Registered Agent N\ \D	
(Florida stre	et address)
New Registered Office Address: NA P	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
33. 4	
Signature of New Re	rgistered Agent, if changing
·	games en agent, y enoughing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	ov E.C.
The amendment(s) is are being thed pursuant to 8, 007,0120 (11) (	C), T.Q.

Attach additional sheets, if ne	cessary). (1	3e specific)				
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f an amendment provides for provisions for implementing	or an exchang	<u>ge, reclassifica</u> nent if not cor	ition, or cance	llation of iss	ued shares,	
(if not applicable, indica	ite N/A)	nene ne not con	ttamed in the	amenoment	itacii.	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 de	rys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or boar action was not required.	rd of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were s	ufficient for approval
by	·
(voting group)	
Dated 0130 2020	<u>—</u>
Signature Once + Comme	
(By a director, president or other officer- selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	
OMAIR F CORDEIRO	
(Typed or printed nan	ne of person signing)
PRESIDENT	
(Title of person signir	ng)