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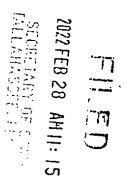
(Re	questor's Name)			
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J. HORNE				
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<u>COVER LETTER</u>

Division of Corporations			j.
NAME OF CORPORATION: _	OMA CONNEC	TION CORP	
DOCUMENT NUMBER: P0900		···	
The enclosed Articles of Amendm	ent and fee are su	ibmitted for filing.	
Please return all correspondence co	oncerning this ma	itter to the following:	
SANDRA I	EROSSI		
<u> </u>		Name of Contact Perso	
	7-41	Firm/ Company	
10765 NW	50TH ST STE 30	• •	
		Address	
DORAL, FI	. 33178 	City/ State and Zip Coo	in
		City/ State and 7.1p Coc	ic .
usasandrar(c			
E-mail	address: (to be u	sed for future annual repor	t notification)
For further information concerning	this matter, plea	se call:	
SANDRA E ROSSI		305 at (744-6752
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Dep	partment of State:
	75 Filing Fee & ficate of Status	[1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	C1\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amen Divisi The C 2415	Address dment Section on of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

Articles of Amendment to Articles of Incorporation of

FILED
2022 FEB 28 AHII: 15

ROMA CONNECTION CORP	SECRETATIVA
(Name of Corporation	as currently filed with the Florida Dept. of State AHASSEE THE
P09000046202	
(Documen)	t Number of Corporation (if known)
ursuant to the provisions of section 607-1006. Florida St	tatutes, this Florida Profit Corporation adopts the following amendment(s)
s Articles of Incorporation:	and the state of t
If amending name, enter the new name of the corp	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word tion "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I ar	ered Agent: m familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing

Check if applicable

i.l. 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)

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 Doc is listed as the PST and Mike Jones is listed as the F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV us an Add.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	T <u>itle</u>	<u>Name</u>	Address
1) X Change	P	JAVIER MARQUEZ	10765 NW 50TH SUTTE 306
Add			DORAL, FL 33178
Remove			
2) Change	SV	SANDRA E ROSSI	10765 NW 50TH SUITE 306
Add			DORAL, FL 33178
Remove 3) Change	*****	·	
Add			
Remove			
4) Change			
_ Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	lditional sheets.		eles, enter char (Be specific)	ige(s) neve.			
-							
			·				
	·						
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F. <u>If an ame</u>	endment provid	des for an exch	ange, reclassifi	cation, or cane	ellation of issue	d shares,	
provisio	ns for impleme	enting the ame	ndment if not c	ontained in the	amendment its	<u>self:</u>	
(<i>if n</i>	ot applicable, it	idicate N/A)					
							
· - · · · ·							
							
· · ·							_ -
			·				
							-

02/22/2022 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) 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. ① 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 JAVIER MARQUEZ (voting group) 02/22/2022 Dated _____ Signature | (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) JAVIER MARQUEZ (Typed or printed name of person signing) PRESIDENT

(Title of person signing)

Doct/Sign Envelope ID: 7A37C1CE-D380-4931-AE28-471D7D501785