P11000045068

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



800389729258

06/22/22 -01014--002 **35.08



JE

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: OMI Travel Two Corporation DOCUMENT NUMBER: P110000 85068
DOCUMENT NUMBER: 1 / 1 0000 85068
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beatrit Menendet
Beatrit Menendet Name of Contact Person Omi travel two Corporation Firm/ Company
2322 SW 67 AVR
Miami FL 33155 City/ State and Zip Code Menchber egmail com
City/ State and Zip Code
menenhea @ amail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beatrit Menendet at (786) 499-0482 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 Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

UI UI
OMI TRAVEL TWO CORPORATION
(Name of Corporation as currently filed with the Florida Dept. of State)
OMI TRAVEL TWO CORPORATION
(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:

A. If amending name, enter the new n	ame of the corporation:			
M & M Claims Adjusting Group Inc			7	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc," or "Co". A		" or the abbreviation	"Corp., "
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		7005 SW 21 STREET M	IAMI FL 33155	
			FALL	7022
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		7005 SW 21 STREET M	IAMI FL 331	JUN 22
	•		E.FL.	PH 3: 1
D. If amending the registered agent at new registered agent and/or the ne			ame of the	ò
Name of New Registered Agent	BEATRIZ MENENDEZ			
•	7005 SW 21 STREET			
	(Florida stre	vet address)		
New Registered Office Address:	MIAMI, FL		, Florida 33155	
		(City)	(Zip Coo	le)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

■ 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 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	PEDRO MENENDEZ	7005 SW 21 STREET
Add			MIAMI FL 33155
Remove			
2) X Change	VP	BEATRIZ MENENDEZ	7005 SW 21 STREET
Add			MIAMI FL 33155
Remove Change			
Add			
Remove			
4) Change			TALL!
Add			JUN 22
Remove			
5) Change			The same of
Add		·	<u> </u>
Remove			<i>p</i>
δ) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)		
	·	
	2022	
	<u>₹</u> 3	-
	JUN 22	1
	70	7
	二	,
	PM 3: 40	
	Err. C)
	————	
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)		

	06/17/2022	
The date of each amendment(s) ad date this document was signed.	option: if other	r than the
-	7/2022	
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be lispartment of State's records.	ted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and sharehold	टर
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east i	for the amendment(s) was/were sufficient for approval	-11
by ALL SHAREHOLDER	s Africa	
	(voting group)	FILED
06/17/2022 Dated	Fach voting group entitled to vote separately on the amendment(s): For the amendment(s) was/were sufficient for approval S (voting group) SSEE FLORE SEE FLORE STATE SSEE FLORE STATE STATE	O
Signature		
selected	estor, president or other officer – if directors or officers have not been , by an incorpora of – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	BEATRIZ MENENDEZ	
-	(Typed or printed name of person signing)	-
	VP	
-	(Title of person signing)	-

. .