

P17000050909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

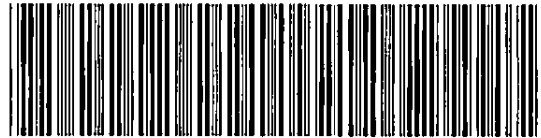
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong formu.

Office Use Only



300430062763

05/11/24--01025--002 **25.00

05/22/24--01025--002 **25.00

FILED

2024 JUN 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FL

June 27

me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2024

ALFONSO ARRIA
999 BRICKELL AVE SUITE ~~600~~ *610*
MIAMI, FL 33131

SUBJECT: ONE ALLIANCE TRAVEL ASSIST, INC
Ref. Number: P17000050909

We have received your document for ONE ALLIANCE TRAVEL ASSIST, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a Profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

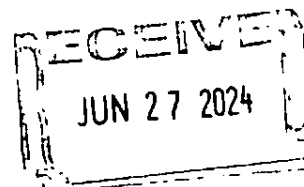
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 924A00012340

2024 JUN 27 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: One Alliance Travel Assist, Inc.
DOCUMENT NUMBER: P17000050909

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfonso Arriz
Name of Contact Person
One Alliance Travel Assist, Inc.
Firm/ Company
999 Brickell Ave. Suite 610
Address
Miami, FL 33131
City/ State and Zip Code
info@atinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfonso Arriz at (305) 400 8741
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 JUN 27 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

One Alliance Travel Assist, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 170000 50 90 9

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** 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 agent and/or the new registered office address:

Name of New Registered Agent

Alfonso Arria

999 Brickell Ave. suite 610

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

33131

(Zip Code)

FILED
2024 JUN 27 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V. P.</u>	<u>Simon Chocrou</u>	<u>999 Brickell Ave.</u> <u>suite 610. Miami</u> <u>FL. 33131</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V. P.</u>	<u>Juan Carlos Amaro</u>	<u>999 Brickell Ave.</u> <u>suite 610. Miami</u> <u>FL. 33131</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AMBR</u>	<u>Marisela Rodriguez</u>	<u>999 Brickell Ave</u> <u>suite 610. Miami</u> <u>FL. 33131</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

FILED
2024 JUN 27 AM 10:48
CLERK OF STATE
TALLAHASSEE, FL

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If 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)

FILED
2024 JUN 27 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

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.
- ☐ 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)"

Dated 06/17/2024

Signature [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)

Rafael Cedeno
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
2024 JUN 27 11:03:48
SECRETARY OF STATE
TALLAHASSEE, FL