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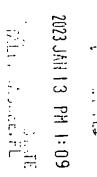
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| PICK-UP | ☐ WAIT | MAIL |
| (2) | F 20 N | |
| (Bu | isiness Entity Na | me) |
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| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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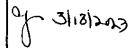
Office Use Only



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01.12. 1--31912--017 **42.75





COVER LETTER

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| TO: Amendment Sec Division of Corp | | | | | |
|---------------------------------------|---|---|--|--|--|
| NAME OF CORPO | RATION: 1) OMA | 21474 | H INC | | |
| DOCUMENT NUM | BER: 722000 | 4774 | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | <u>O</u> MAR | Mahto | od. | | |
| | ROMA | Name of Contact Persor TOS VO/+ Firm/ Company | IN | | |
| | 10956 Ba | Firm/ Company LS/Cle C | <i>T</i> | | |
| | Liverview | Address City/ State and Zip Code | 33579 | | |
| | | City/ State and Zip Code | : | | |
| | E-mail address: (to be us | or future annual report | 1500/finc. com notification) | | |
| For further informatic | on concerning this matter, pleas | se call: | | | |
| Omer | Mah hod | at (845 | , 275 5032 | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment of State: | | |
| □ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ma | iling Address | Street . | Address | | |
| Am | endment Section | | ment Section | | |
| | ision of Corporations | | n of Corporations | | |
| | . Box 6327 | | entre of Tallahassee | | |
| Tall | lahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

| .) | / ⁰¹ | | 7 4 32 |
|---|--|---------------------|-----------------------|
| Koma Transpo | 1/t Inc | <u>-</u> 202 | 3 JAH 13 PH 1. |
| (Name of Corporation | as currently filed with the Flo | orida Dept. of Sta | <u>te)</u> |
| D 22 DOUS 2 | 1474 | 9 | |
| (Documer | L/474 at Number of Corporation (if kn | wm) | 42.7 |
| | | | en |
| tursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation: | tatules, this <i>Florida Projit Cor</i> | poration adopts the | tollowing amendment(s |
| · | | | |
| A. If amending name, enter the new name of the corp | oration: | ـ ـ | |
| Roma Transport | Sustems I | -NC | The new |
| ame must be distinguishable and contain the word "corp | oration," "company," or "inco | rporated" or the a | |
| Inc.," or Co.," or the designation "Corp," "Inc," of chartered," "professional association," or the abbrevio | | poration name mi | ist contain the word |
| | 6421 | NIK | Vida Ave |
| Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR | FCC) ~ . | · / / | 7100 |
| r rincipal vijace adaress <u>most bl. A STREET ADDR</u> | p-3 | 4 | |
| | Tamen | FL | 33604 |
| | | | |
| Enter new mailing address, if applicable: | 11/21 | N Flor | ida rive |
| (Mailing address MAY BE A POST OFFICE BOX) | 6461 | , , , | |
| | <u>'D-354</u> | | |
| | Tank | FL | 33604 |
| | | <u></u> | |
| . If amending the registered agent and/or registered | | er the name of th | <u>e</u> |
| new registered agent and/or the new registered of | ice address: | | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | . Florida | 4 |
| New Registered Office Address. | (City) | , 1 101103 | (Zip Code) |
| | | | |
| | | | |
| ew Registered Agent's Signature, if changing Regist | | | |
| hereby accept the appointment as registered agent. I a | m familiar with and accept the | obligations of the | position. |
| | | | |
| | | | |
| | re of New Registered Agent, if o | | |

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)

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 Do | <u>ie</u> | | | | | |
|-------------------------------|--------------|-------------|-------------|------|-------------|---------|------------------|--|
| X Remove | <u>V</u> | Mike Jo | nes | | | | | |
| X Add | <u>sv</u> | Sally Sn | nith | | | | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | | | Address | | |
| 1) Change | | | | | | | | |
| Add | | | | | | | - - - | |
| Remove | | | | | | | | |
| 2) Change | | | | | | | | |
| Add | | | | | | | | |
| Remove 3) Change | | | | | | | | |
| Add | . | _ | | | _ | | | |
| Remove | | | | | | | | |
| 4) Change | | _ | J- | | | | | |
| Add | | | | | | | | |
| Remove | | | | | | | | |
| 5) Change | | _ | | | _ | | | |
| Add | | | | | | | <u>.</u> | |
| Remove | | | | | | | | |
| 6) Change | | | | | | | | |
| Add | | _ | | | _ | | | |
| Remove | | | | | | | | |

| | tional sheets. | , if necessary). | (Be specific | <i>)</i> | | | |
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| f an amen | dment nrovi | des for an eyc | hange reclas | sification or c | ancellation of | icened charec | |
| provisions | for impleme | enting the am | endment if no | t contained in | the amendme | nt itself: | |
| (if not | applicable, i | ndicate N/A) | | | - | | |
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| The date of each amendment(s) adopate this document was signed. | _ |
|--|--|
| | 1. 8.23 |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bloc document's effective date on the Depa | does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopt action was not required. | by the incorporators, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopt by the shareholders was/were suffi | by the shareholders. The number of votes east for the amendment(s) ent for approval. |
| | ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for | he amendment(s) was/were sufficient for approval |
| by | (voting group) |
| Dated | - 23 |
| selected, l | an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) Omag Mag Arod |
| _ | (Typed or printed name of person signing) |
| | (Title of person signing) |