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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: OMI Services OF NW IKE DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Best Financial Services

Firm/Company

Boursey Onthung St.

Address

Densauch De 32514

City/ State and Zip Code E-mail address: (10 be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: $\overline{}$ S35 Filing Fee S43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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	PT John Doe	
X Remove	V Mike Jones	
X Add	<u>SV</u> <u>Sally Smith</u>	
Tag (A Mon (C125 2 8 9 4)	<u>Title</u> <u>Name</u>	Address
1) Change	Tomal S Rodrisus M	•
Add		Pousacola Fluida 3250
Remove		;
2) Change		<u> </u>
Add		
Remove 3) Change		
A dd		
Remove		
4) Change		
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Remove		
5) Change		
Add		
Remove		
6) Change		
Add		-
Remove		

Attach additional sheets, if necessary). (Be specific)	
	
	
	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
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)	
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provisions for implementing the amendment if not contained in the amendment itself:	

Articles of Amendment Articles of Incorporation of

OMI Services of NW IK. (Name of Corporation as currently filed with the Flori	do Dont of Statu)
F 21/ 2004 / 20-22	
(Document Number of Corporation (if know	/n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpo "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpor "chartered," "professional association," or the abbreviation "P.A."	orated" or the abbreviation "Corp" ation name must contain the word
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 new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	·
	; ; ;
(Florida street address)	 ,
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obl	igations of the position.
Signature of New Registered Agent, if char	naina

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

, if other than the
will not be listed as the
and shareholder
~3 ~ :
<u></u>
